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ABSTRACT

The Individualized Education Program Monitoring Analysis Plan (IEP MAP), an approach for evaluating the effectiveness and legal compliance of the IEP process for handicapped students, is presented. It is explained that the IEP MAP should help to improve communication between parents and regular and special education staff, improve consistency of IEP procedures throughout the district, and improve efficiency and consistency in recordkeeping. Background information is presented on the law and IEP monitoring. Instrumentation is described in terms of two types of data collection instruments: record reviews and investigation instruments using questionnaire, interview, and observation techniques. Implementation of the IEP MAP is considered in light of timeliness, staffing, coordination, and data collector training. Two final steps discussed are data analysis, and interpretation and reporting. Appended material comprises the bulk of the document and includes sample IEPs, sample IEP MAP instruments, and keypunch and computer instructions. (CL)

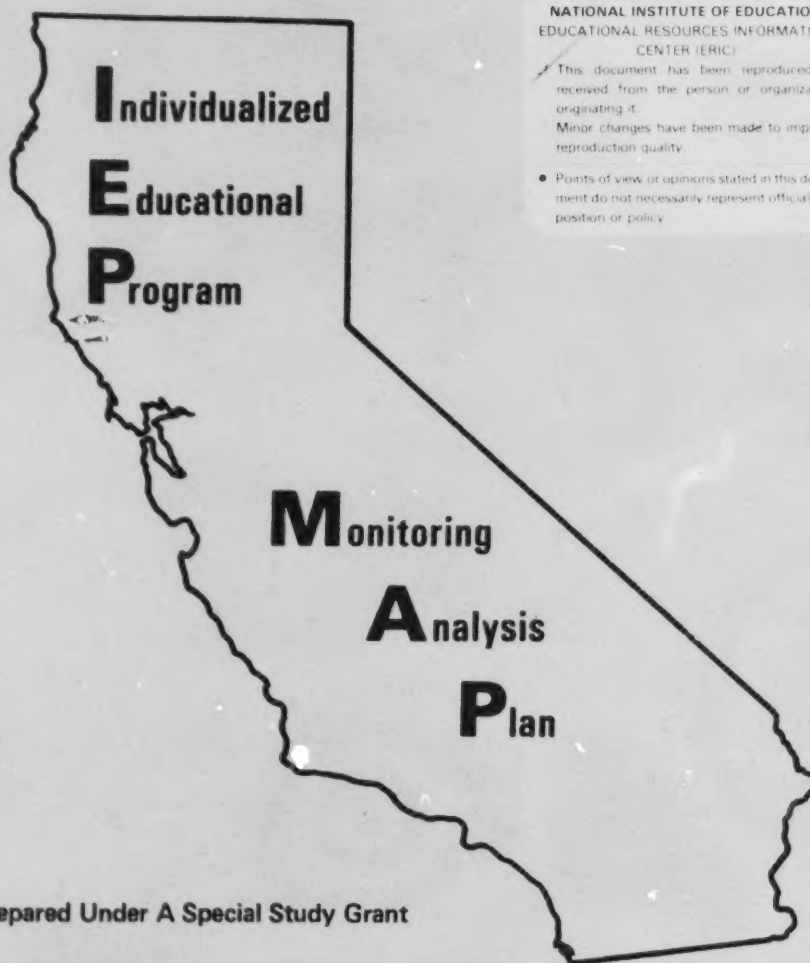
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Instructional Manual

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Prepared Under A Special Study Grant

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Individualized Educational Program
Evaluation Model: Development and Field Study

California State Department of Education
Office of Special Education
Project Number: 43-00000-81-3293-7101

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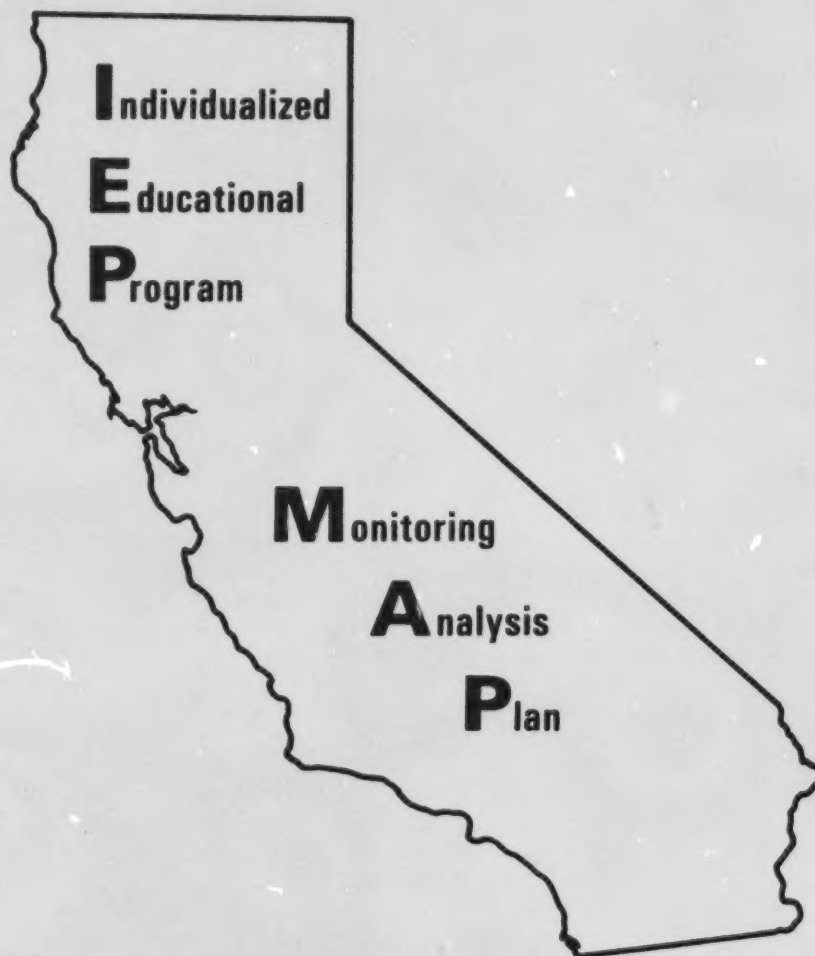


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Instructional Manual



Johnny W. Welton, Project Director

California State Department of Education
Office of Special Education
Project Number: 43-00000-81-3293-7101

INDIVIDUALIZED EDUCATIONAL PROGRAM EVALUATION MODEL:
DEVELOPMENT AND FIELD STUDY

Individualized Educational Program Monitoring Analysis Plan

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CONTENTS

<u>Introduction</u>	1
<u>Background</u>	6
The Law	7
IEP Monitoring	9
<u>Instrumentation</u>	11
Record Review	11
Investigation	11
Data Summary Forms	12
<u>Implementation</u>	13
Timeline	14
Informing the School Community	14
Advisory Committee	14
Staffing	16
Sample Selection	17
Coordination	18
Data Collector Training	19
<u>Data Analysis</u>	26
<u>Interpretation and Reporting</u>	28
<u>GLOSSARY</u>	30
<u>APPENDIX</u>	
A. IEP MAP Instruments	32
B. Special Education Curriculum Framework	58
C. Sample Notification Forms	62
D. Field Study Summary	68
E. Sample IEPs	79
F. Data Analysis Plan	97
G. Key punch Instructions	108
H. Computer Instructions	140

Introduction

Is Public Law (PL) 94-142 working in your local district? Individualized Education Program Monitoring Analysis Plan (IEP MAP) has been developed as a complete package for you to determine the effectiveness of the IEP process. In addition, the IEP MAP will help you meet the requirements of law in evaluating the IEP process. This comprehensive Instructional Manual for implementing IEP MAP includes:

1. Detailed instructions and timelines,
2. Validated instruments,
3. Data analysis procedures,
4. Computer keypunch instructions,
5. Computer instructions for analysis plan (SPSS),
6. Experience-based recommendations.

IEP MAP is a survey study that can indicate whether the IEP process is functioning as intended. Monitoring and evaluating the IEP process is required by law. IEP MAP will help your school district to comply with these regulations. IEP MAP approaches this task in a comprehensive, but flexible manner. IEP MAP also gives clear information to help your district improve performance in specific areas of the IEP process. The primary questions addressed by this plan are:

1. Is there congruence among the factors of:
 IEP assessment,
 IEP objectives,
 IEP services, materials, and equipment, and
 implemented program services, materials, and equipment?
2. What are the characteristics of the IEPs, including quality and compliance?
3. What are the opinions of service providers, parents, and students concerning the IEP process and the special education program as implemented?

4. Do the five demographic variables such as:

number of members on the IEP writing team,
types of specialists represented on the team,
type of handicapping condition of the student,
age of the student, and
ethnicity of the student

affect the IEP characteristics and/or the opinions of service providers, parents, and students?

Secondary questions compare IEPs written by multidisciplinary teams and IEPs written by annual review teams:

5. When IEPs are written by multidisciplinary teams, is there more or less congruence among:

IEP assessment,
IEP objectives,
IEP services, materials, and equipment, and
implemented program services, materials, and equipment
than when IEPs are written by annual review teams?

6. Do the quality and compliance characteristics of IEPs, written by multidisciplinary teams differ from the characteristics of IEPs written by annual review teams?

The local agency must make a major decision as to the scope and direction of the study. This decision may be made by the administrator or by the advisory team. IEP MAP lends itself not only to questions of immediate interest but also to those with long-range impact. The study may include participation by regular and special education service providers, parents and students. The investigation may match assessment, written plan, and implemented program or may simply address the review of records. While little additional expenditure of time or resources is required to address these areas, such a decision should be made with a conscious recognition of the needs and priorities of your local district.

IEP MAP can be used to provide information which indicates:

1. The extent to which IEPs are being implemented as written. The study provides information to parents, educators, and legislators

regarding the extent program planning impacts or affects implemented programs. The value of assessment and IEP writing to the teachers and students may be evidenced if the programs as written are implemented.

2. The extent to which program sections of the IEP are related to assessment information. This study provides information to parents, educators, and legislators regarding the extent children receive appropriate, individualized special education programs and services based on their assessment in the IEP. The study also examined compliance of the IEP process to federal regulations.
3. The differences in IEPs written by multidisciplinary teams compared to those written by annual review teams. The study includes comparison of these two commonly practiced systems of IEP writing which assists educators and legislators in evaluating the writing process and the effectiveness of the law. The study also identifies the strengths and weaknesses of the multidisciplinary team and the annual review team processes. The value of using two types of writing teams can be compared, and the degree to which similar programs result from each team can be determined.
4. The opinions of the parents, students, and regular and special education service providers toward the IEP. The use of two types of teams to write IEPs is examined. The study indicates the need for training and communication in the management and implementation of the IEP between the writers and implementers of the special education program as well as others who may have perceptions of the IEP.
5. The effect demographic variables have on the characteristics of the IEP and/or the opinions of service providers. The implementation of a special education program for a student may be affected by many characteristics of the individual student or characteristics inherent within the IEP process. These data indicate the effect the number of IEP team members, types of specialists represented on the writing team, and type of handicapping condition, age, and ethnicity of the student have on the provision of special education programs and services.

Educational planners need to monitor the effect specific characteristics of the population have on educational processes. This study can assist in this monitoring and indicate the direction of future planning, both in the education of exceptional children and in other similar situations.

To provide this information for your district, data collectors will use questionnaires, interviews, observation of classroom materials, and record reviews at school sites to investigate IEPs and implemented programs. (See Figure 1.) This information can then be analyzed to determine whether the programs and services described on the IEP are being provided.

Administrative Planning and Development	Review by an Advisory Team	Classroom Survey and Interviews	Review of IEP Records	Data Analysis
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Figure 1: Design of IEP MAP

IEP MAP should benefit your district's special education program in many ways. By randomly selecting 5% of your district's IEPs or 100 IEPs (whichever is greater), you will obtain statistically significant information about your program. By using IEP MAP over several years, you can evaluate not only the current status of the IEP process, but also the effectiveness of materials, training, consultation, and other strategies used to further develop the IEP process.

Over a period of time, IEP MAP should:

1. Improve communication within the district between parents and regular and special education staff.
2. Improve the consistency of the IEP procedures implemented throughout the district.
3. Improve consistency in recording and filing methods.
4. Improve efficiency by reducing paperwork, expanding knowledge of requirements, and accepting procedures.
5. Identify areas which need administrative attention.
6. Provide support to parents and staff by direct input to administration and by feedback from other areas of the district.

Information gathered in your study can be used to analyze IEPs and the related processes and can provide indications for decision-making regarding the direction of future guidelines concerning staff development, special education programs, evaluation, and instructional designs. The results of this study will provide you with an opportunity for data-based decision-making regarding policies, supervision, and training for effective provision of service under the law. Your study will also help to determine the direction of leadership, multidisciplinary team activities, the level of teacher involvement in IEP writing, and the degree of involvement of support personnel, such as resource specialists, and program specialists, among others, in the classroom. IEP MAP will help you comply with regulations requiring you to conduct such monitoring and evaluation activities.

Background and Need for the Study

PL 94-142 and SB 1870 require that each individual with exceptional needs shall have his or her educational goals and objectives specified in a written IEP. It is the intent of this legislation that each individual with exceptional needs be assured a publicly supported program appropriate to his or her individual educational needs. Therefore, it is important to examine the relationship of the written IEP to the one that is actually provided. It is also important to explore other factors which may affect the development of the written plan or the provision of a program.

The appropriate identification of handicapping conditions must occur in order to assure that a child receives appropriate services designed to meet his or her needs. Such identification must take place before a state or local educational agency may plan for the provision of appropriate services to meet the child's unique needs. The greatest possible care must be taken to assure that the identification and classification process is used solely for designing an individually tailored educational program for each handicapped child. The IEP process was designed as one method to decrease mislabelling or misclassification of students considered for in special education programs and services. (See Figure 2.)

Figure 2: Placement in Special Education

Identification & Referral

Ongoing public awareness program, referral process, and school-wide screening procedures for the identification of children by parents, teachers, and any others who may suspect that the child needs special education

Assessment

by the
Multidisciplinary Team of Specialists

A Meeting

of the
Multidisciplinary Team
or
Annual Review Team
with parents to develop an IEP
and determine placement

Third Year	<u>IEP Implementation and Placement</u>	Annual
<u>Evaluation</u>	in classroom programs and services	<u>Assessment</u> by the Annual Review Team

The Law

Embodied within PL 94-142 are a variety of statutory and regulatory requirements that represent the current philosophical position of special educators regarding the educational services necessary to provide full, equal opportunity for handicapped children. Some of these philosophical positions are that:

1. Handicapped children are guaranteed the same constitutional rights provided all other individuals in our society,²³

2. It is the responsibility of general and special education to meet the educational needs of handicapped children,²⁴
3. Appropriate educational opportunities for handicapped children are based on identifying, assessing, providing, and evaluating educational services determined by the unique needs of each handicapped child,²⁵
4. The identifying, assessing, providing, and evaluating of educational services are determined through the use of a systematic planning process.²⁶

Specific regulatory requirements include the following:

1. An IEP must be in effect before a special education program and/or related services are provided to a child. The IEP must be implemented as soon as possible following a meeting initiated and conducted by the public agency to develop, review, or revise a handicapped child's IEP.³²
2. Each public agency must insure that each meeting to develop, review, or revise an IEP must include:
 - a. a representative of the public agency, other than the child's teacher, who is qualified to provide or supervise the provision of special education,
 - b. the child's teacher,
 - c. one or both of the child's parents,
 - d. the child, when appropriate,
 - e. members of the evaluation team (or some other persons who are knowledgeable about the evaluation procedures used with the child and are familiar with the results of the evaluation) when the handicapped child is evaluated for the first time,
 - f. other individuals at the discretion of the parent or agency.³³

The IEP is designed as a management tool for planning, programming, and evaluating special education and related services provided to individual handicapped children; for organizing agency decision-making,

operation, and structure; and for measuring student progress. The IEP is defined to mean a written statement for each handicapped child which includes:

1. a statement of the child's present levels of educational performance,
2. a statement of annual goals,
3. a statement of short-term instructional objectives,
4. a statement of the specific educational services to be provided,
5. a statement regarding the extent the child will be able to participate in regular educational programs,
6. the projected date for initiation and anticipated duration of such services, and
7. appropriate objective criteria and evaluation procedures and schedules for determining, on at least an annual basis, whether instructional objectives are being achieved.³¹

IEP Monitoring

In December 1980, the California State Department of Education received a review report from the Bureau of the Handicapped which indicated areas of activity or lack of activity which had placed California in a position of noncompliance with PL 94-142. One section of the report was a detailed discussion of monitoring and evaluation procedures. A directive to establish a monitoring plan was included. One phase required on-site review which minimally included:

Regular, Periodic Data Collection (Universe).

DOE [Department of Education] must collect, at least annually, from each agency subject to monitoring, sufficient data to determine whether the monitored agency is in probable compliance with all of the requirements of Subparts C, D, and E of the Regulation. This general data collection effort must cover all program areas and must include data necessary to allow the application of all objective noncompliance measures and inquiry triggers.

. . . . A comparison will be made between the randomly sampled IEPs of significant number of students in each disability

category (i.e., at least 5%, or 100, whichever is larger) and the services actually provided to such students.

. . . . A review of child identification procedures and reports are required in order to determine the sufficiency of past and current efforts.⁴²

The evaluation and monitoring of students' programs and services on an individual and organizational basis is required.

The processes of monitoring and evaluating involve making necessary changes in a handicapped child's IEP based on systematic feedback from the instructional environment. Monitoring provides the placement committee with information needed to determine the appropriateness of the IEP and the quality of implementation. Basic monitoring functions assure that: goals and objectives are being met, implementers are held accountable for meeting their responsibilities, and program changes are based on an accumulation of specific data.

Monitoring involves data collection and analysis. Evaluating involves judgmental decision-making based on the monitoring data. The purpose of monitoring and evaluating is to provide the necessary managerial control process of guiding activities toward some predetermined goals. The essentials of managerial control involve predetermined targets, a means of comparing activity with a criterion, a means of measuring activity, and some mechanism that will correct current activity to achieve desired results. The IEP provides a plan and evaluation for instruction.

The value of the IEP resides in its use as a management tool for the planning, programming, and evaluation of special education and related services. PL 94-142 does not require that "any agency, teacher or other person be held accountable if a child does not achieve the growth projected in the annual goals and objectives."³⁶ However, with active parental participation in the development of individualized programs and placement of handicapped children in appropriate educational settings, professional responsibility necessitates that the "social contract" understanding of "services promised, services delivered" be honored. This professional responsibility involves monitoring and evaluating of IEPs.

Instrumentation

Materials were specifically designed for the IEP MAP descriptive survey to allow for the analysis of the IEP process through investigations and interviews within the school setting by data collectors. (See Appendix A.) Two types of data collection instruments are provided: (1) record review instruments and (2) investigation instruments using questionnaire, interview, and observation techniques. Data summary forms are provided to assist with the matching analysis of the data collected. Data collector bias is lessened by completion of questionnaires and interviews prior to the review of the IEP and assessment information in the student's records. Information is recorded using a structured format that allows matching comparisons of the data collected. Responses may be reported in summary statements as well as by individual item. Additional items included in the instruments examine other possible factors which might account for the results.

Record Review Instruments. These instruments are used to collect information on IEPs from student files and records. Appendix A includes the Multidisciplinary Team Assessment Review, the IEP Compliance Review, and the IEP Quality Review questionnaires on which data are recorded from the IEP. Compliance and quality items were developed to analyze the components of the IEPs in terms of legal requirements and practices recommended by law or by the profession. Record review instruments can be used to identify differences between the IEPs written by multidisciplinary teams and those written by annual review teams.

Investigation Instruments. These instruments collect information on the implemented program and the perceptions of service providers concerning the IEP process. Appendix A includes the Service Provider Questionnaire, the Service Provider Interview, the Student Interview, and the Parent/Guardian Questionnaire.

The Service Provider Questionnaire is completed by each person furnishing components to the student's educational program, including regular and special education personnel. The person primarily responsible for the implementation of a given IEP is first presented with the

questionnaire. Other staff members are presented with the questionnaire when they are identified by other persons as providing additional services to the student. This information is used to analyze the characteristics of the implemented program in terms of total educational services provided and the opinions of the service providers by role. The services, materials, and equipment information is verified by the data collectors during administration of the Service Provider Interview.

Each person receiving the Service Provider Questionnaire is interviewed using the Service Provider Interview. The interview questions require the service provider to show the data collector evidence of services, materials, and equipment provided for the student in question in the implemented program. Verified information is recorded and used to analyze the characteristics of the implemented program, to match with the Service Provider Questionnaire, and to match with the record review instruments.

The Parent/Guardian Questionnaire is completed by each handicapped child's parent or guardian. Students who have signed their IEPs are considered appropriate participants for interview. These students and any other students your district may choose to survey are interviewed using the Student Interview. These instruments collect the perceptions and opinions of parents and students.

Data Summary Forms. Summary forms are used to transfer specific information from other instruments to allow the matching of the curriculum content areas. Appendix A includes the IEP MAP Curriculum Area Summary Form, the Matching Data Summary Form, and the Keypunch Summary Form. Information to be matched includes: multidisciplinary team IEP assessment; annual review team IEP assessment; IEP objectives; IEP lists of services, materials, and equipment; and implemented program services, materials, and equipment.

The IEP MAP Curriculum Area Summary Form allows the data collector to record information from the record review instruments and the investigation instruments by curriculum area. Numerical codes are recorded for matching on the IEP MAP Matching Data Summary Form, and the total number of curriculum areas are recorded on the IEP MAP Keypunch Summary Form.

The IEP MAP Matching Data Summary Form allows the data collector to record matches and no matches for each curriculum area and category or column of information recorded on the IEP MAP Curriculum Area Summary Form. The total number of matches and no matches are recorded on the IEP MAP Key punch Summary Form. The IEP MAP Key punch Summary Form combines the factors from the other data summary forms for data processing. The number of curriculum areas by curriculum category and source, as well as the number of matches, total number of matches and no matches, and the ratio are recorded. These data are used to compare with other data and to compare multidisciplinary teams and annual review teams.

The Santa Clara County Special Education Curriculum Framework² may be used to establish a generic classification system by which to sort and identify curriculum content in the areas of IEP assessment, IEP objectives, IEP services, materials, and equipment, and implemented classroom program services, materials, and equipment for matching. Appendix B contains a copy of the framework. The framework provides eight broad descriptors of curriculum areas for classification of data and over 32 subclassifications and competency statements to suggest and define curriculum areas. The curriculum classifications are used to compare the written program design to assessment information and also to determine if those same curriculum classifications were present in actual classroom practice. The Santa Clara County Special Education Curriculum Framework was developed by a large county-wide multidisciplinary group. The framework is widely used in Santa Clara County and has gained in acceptance and use in other parts of the United States. Although another, similar type of framework may be used for the study, this one is recommended because of its success in Santa Clara County and in the field study of the IEP MAP.

Implementation

Step-by-step instructions are given below for conducting the study. They are quite detailed in order to provide maximum assistance to those inexperienced in such an effort, but modifications may have to be made to meet local circumstances. Alternatives have been suggested where feasible.

Timeline

Week 1-2	Staff recruitment
Week 1-12	Information dissemination
Week 2-3	Student sampling
Week 2-3	Material assembly
Week 2-4	Site contact identification
Week 4	Staff training
Week 5-7	Data collection
Week 8-9	Data analysis
Week 10-12	Report writing

Note: Actual data collection takes approximately four hours per student. The time required to collect data varies according to the number of students, number of data collectors, and the number of instruments used.

Informing the School Community

It is important to the success of the study that all participants feel comfortable with IEP MAP and the intended use of the information gathered. Full and clear communication with participating teachers, administrators, parents, and school board members regarding the goals and methods of the study is an essential initial step. Without prior adequate knowledge of the study's rationale, participants are more likely to present unnecessary, time-consuming obstacles. The information is best presented in group meetings with opportunities for questions and discussion. If this is not possible, a memo or letter can be distributed to those involved. (See Appendix C.) During the meeting which includes school principals, establish a contact person at each site where special education classes are conducted. All project activities at that site will be arranged through the designated contact person.

Advisory Committee

Your district may find it desirable to work with a community Advisory Committee or another similar parent advisory unit. An advisory group

composed of parents, teachers, and administrators can be an important source of support and assistance. An existing group can be used or one can be formed specifically to support IEP MAP. The group's purpose is to assist in modifying the IEP MAP processes to meet local needs, to define the study's scope, and to assist with the final report. The committee meets about four times:

1. for an orientation meeting,
2. to set the study's scope and to review materials and procedures,
3. to review study findings and establish direction for the report,
4. to review the final draft of the report.

It is recommended that the advisory committee, with its knowledge of the school community's needs and resources, be given responsibility for determining the scope of the study. A review of the field test instrument statistics (Appendix D) will demonstrate that the goals of the study can be reached using only the record review instruments. However, additional information can be gained by interviewing the participants in the IEP process using the investigation instruments. The study may include participation by regular and special education service providers, parents and students. The investigation may match assessment, written plan, and implemented program or may simply address the review of records.

The committee should first decide what information they want to gain from the study, and accordingly, which instruments are required to elicit the appropriate data. This instructional manual assumes that all IEP MAP instruments will be used.

The processes and procedures of IEP MAP have proven themselves effective under a variety of circumstances. The advisory committee may find, however, that certain steps may need to be altered to more efficiently meet local conditions. This is not true of the data collection instruments. Their statistical reliability and validity can be assured only when used in the form in which they are presented. Any changes will result in unproven instruments and should be avoided unless the modified instruments are to be validated locally, a complex and time-consuming task.

Developing the study report, the committee's final area of responsibility, is an effort in which the heterogeneous background of the members is of great value. Insights will have developed from involvement, however peripheral, in the field conduct of the study. These, when combined with the existing breadth of experience, will be of great assistance in evaluating the data obtained, helping to avoid a narrow or one-sided interpretation of the results.

Staffing

The IEP MAP coordinator is responsible for implementation and monitoring study. He or she should be thoroughly familiar with the IEP legislation, but need not have a technical evaluation background. Among the coordinator's responsibilities are providing information on the IEP MAP to the school community; establishing and working with the advisory committee; recruiting, training and supervising the data collectors; selecting the student sample; scheduling site visits and interviews; and writing the study report. By presenting the need for the study in a positive way to all participants, the coordinator can alleviate many potential difficulties.

Data collectors (paid or volunteer, full-time or part-time), conduct the actual on-site acquisition and recording of data, including the record review and interviews with staff, students, and parents. It is desirable for them to have previous experience with special education and/or research techniques. Many former special education teachers, parents of special education students, or graduate education students can function well in this role. Program specialists are also well suited to this role. The advisory committee can be of assistance in recruiting data collectors. The number of data collectors needed will be determined by district decisions--whether full-time or part-time collectors are needed, how much time is allocated to the study, and so on. Approximately four hours of data collector time are required to obtain information on each student in the sample.

Site contact persons are responsible for scheduling interviews with staff, securing parental consent (if required) and completed questionnaires, and distributing staff questionnaire forms.

Sample Selection

The minimum size of the study sample should be 5% of the local special education population, or 30 students, whichever is greater. Random selection should insure inclusion of a representative sample. If greater sophistication is desired, the sample can be stratified by any variables of interest, such as by handicapping condition, age level, or length of time in special education.

The student sample is obtained from a complete alphabetical roster of the special education students. The total number of students is divided by the number in the sample. The quotient indicates the position on the roster of the students to be selected. For example, to obtain a sample of 100 students in a district with a special education enrollment of 1237, select every 13th student from the roster (12.37 rounded off to the higher whole number) which provides a random sample.

If the student listing is available only by school, the desired sample size is divided by the number of schools with special education students. Then the enrollment of the school is divided by that quotient to determine the interval to use for selecting that school's sample students.

The table below is provided for use where 5% is fewer than 30 students.

TABLE 1

Special Education Student Population	Divisor
600	20
570-541	19
540-511	18
510-481	17
480-451	16
450-421	15
420-391	14
390-361	13
360-331	12
330-301	11
300-271	10
270-241	9
240-211	8
210-181	7
180-151	6
150-121	5
120-91	4
90-61	3
60-31	2
30 or fewer	1

Replacement students are selected in the event that any of those initially chosen become unavailable for participation in the study. Every 10th student (or 12th if the 10th student was previously chosen) is selected from the student roster until equals 20% of the desired sample size. Each time a replacement student is needed, a name from this list is chosen in descending order.

Coordination

When the student sample has been selected, the teacher primarily responsible for each student is provided by the IEP MAP coordinator with an explanation of the IEP MAP. Appendix C contains a sample notification letter. Apprehensions or misunderstandings corrected at this stage pay off in greater cooperation later.

A decision must be made at the local level about whether consent from the parent or guardian of each student in the study is required. If it is

required, a letter is sent by the coordinator to the parent or guardian which explains the project and includes a student permission form. (See Appendix C.) At least two weeks should be allocated for securing parental consent.

School site appointments for record reviews, staff and student interviews, and confirmation of parental consent are arranged by the coordinator, using services of the site contact person after sufficient time has elapsed for receipt of the consent form. Data collector time can be used most efficiently if all staff appointments for sample students within each school are scheduled consecutively. Fifteen to 20 minutes are required for each interview. Each student's school classroom, date of birth, date of admission to special education (most recent, if repeated), and handicapping condition should be determined or confirmed by the coordinator with the assistance of the site contact person, if if not already available from the student roster used for sampling. Remind the contact person or classroom teacher to follow up if parental consent has not been received. Upon receipt of consent, the same person provides the parent or guardian with a parent/guardian questionnaire and seeks its completion and return. When the contact person has identified all service providers for each student, he or she is sent sufficient questionnaires by the coordinator for distribution to each.

When the site process is completed, letters of appreciation for their cooperation can be sent by either the coordinator or the site contact person to the staff, parents, students, and administrators who participated and/or assisted.

Data Collector Training

The data collector training program described below may need modification, depending upon the skill and experience level of the participants. The time needed for the training program will vary accordingly, probably requiring between six and eight hours.

Three training sessions are described below. The goal is to develop in the data collectors a broad knowledge of special education structure, organization and legislative requirements, the technical knowledge to

evaluate whether these requirements are being met according to sound educational practice, and the ability to apply this knowledge consistently.

Session 1. The first session will require about two hours. At this session, the trainer (often the IEP MAP coordinator) presents information concerning the general history of and legislative mandates governing special education in California, including PL 94-142 and Master Plan. The structure and organization of special education in the local area is explained. A presentation of the range of placements and services available may be helpful. The trainer gives an overview of the IEP MAP, its purpose and processes, followed by reviewing the curriculum framework that will be used. Ample time should be provided for questions and discussion.

Session 2. A review of the MAP data collection procedures and instruments constitutes the second training session. After briefly summarizing the content of the previous session, the trainer focuses the group's attention on the data collector's particular role and responsibilities. The procedural steps for completing the instruments are discussed in the following order: the record review instruments, the investigation instruments, and the data summary forms. The Glossary can be used to define unfamiliar terms.

IEP MAP Cover Form

Complete the identification and demographic information required and place on the top of the packet of instruments when they are completed.

IEP Compliance Review

No component may be recorded as included in the IEP unless it is found physically on that document, regardless of whether it is found on other records. If no reference to the component is made in the IEP, a "No" is checked. The distinction between "Complete" and "Incomplete" is based on the degree of precision found. For example, "placement full-time in a regular education classroom within three years" is a complete statement of a long-range goal. "Adequate functioning in the community" is not.

IEP Quality Review

Most of the questions requiring the judgment of the data collector are found in this instrument. Therefore, examples and suggestions are given below for those questions that require clarification.

- Question 1 Circle the number of curriculum areas described in the IEP, list by each the number of assessment procedures per curriculum area (0= No procedure named), and indicate the curriculum area by code for each assessment. Fill in as completely as possible, using the Curriculum Framework to obtain the curriculum area codes. This information is later transferred to the Curriculum Area Summary Form.
- Question 2 Examples of descriptions of abilities in the specified curriculum area (usually found in the assessment information):
Specific: Can identify and place numbers from 1 to 10 in order.
General: Can count.
- Question 5 Examples of descriptions of student strengths and weaknesses:
Specific: Good reading comprehension for age.
General: Can read.
- Question 6 Examples of statements of long-range goals:
Specific: Placement full-time in a regular education classroom within three years.
General: Adequate functioning in the community.
- Question 8 Check the types of services, indicate the time allotted per (and 22) service, and indicate the curriculum area for services listed in the IEP. In any instance where this information is not found in the IEP, even if available elsewhere, leave a blank in the appropriate column (Type or Amount of Time). The curriculum area code is noted, where appropriate, for later transfer to the Summary Form.

- Question 11 Examples of descriptions of services to be provided:
 Specific: Speech twice a week for 30 minutes to work on articulation.
 General: Speech.
- Question 14 Circle the number of annual goals listed in the IEP, write the number of IEP objectives per goal, and indicate the curriculum area by code for each objective. First, circle the number indicating the total number of goals listed in the IEP. Then record for each goal from the first (1) to the last (the number circled), the number of objectives written for each goal. Finally, list the curriculum area code for each objective in the spaces designated.
- Question 15 Indicate the extent areas of identified student need had goals written. If the student's needs have not been specifically identified in the IEP (Questions 1, 2, and 4), this is difficult to answer. Goals are to be matched only with needs specified in those questions.
- Question 16 Examples of objectives with conditions and stimulus stated:
 Acceptable: When told, "Write the numbers from 1 to 3," while seated at his desk with a pencil and a John will. . . .
 Unacceptable: John will write the numbers from 1 to 3.
- Questions 17 Examples of objectives in which performance can be observed :
 Acceptable: Susan will clap her hands three times.
 Unacceptable: John will know the alphabet.
- Question 18 Percentage of objectives with a specific criterion for determining a successful performance:
 Acceptable: Mary will identify correctly the circle 3 out of 4 times.
 Unacceptable: Mary will correctly identify the circle.

Question 21 Example of an objective related to student's identified annual goals:

Goal: Follow directions.

Objective: Susan will follow 4-word oral directions within 5 minutes.

Question 22 See Question 8.

Question 23 Write the total number of materials and equipment listed in the IEP, identify the items, and indicate the curriculum area by code for each item specifically listed in this student's IEP. After entering the number of materials and equipment listed, record for each type the appropriate curriculum area code.

Multidisciplinary Team Assessment Review

Complete all identifying information. Evidence that a team meeting was held includes minutes of the meeting or a notice of the meeting results stated as such. Completion of the assessment might be documented by a team report.

Student Interview

All students who participated in the IEP meeting, as documented by signing the IEP, are interviewed. Other students may be included as local needs indicate.

Service Provider Interview

Before beginning the service provider interview, obtain the completed Service Provider Questionnaire and check to be sure it has been answered fully. Answer any questions the service provider might have. During the interview, review specific services and materials and/or equipment provided for the student. Be sufficiently specific so that curriculum areas can be identified. If evidence is not presented but only verbally stated, do not record the service, material, or equipment. If the service

provider identifies other personnel who see the student on a regularly scheduled basis but are not listed in the IEP, have them complete the questionnaire and interview them, also. The three items on the interview form (services, materials and equipment, and personnel) are designed as "leading" questions to allow the data collector to record all the possible information given by the service provider.

IEP MAP Curriculum Area Summary Form

This form is used, as its name indicates, to summarize data previously collected. A separate form is used for each IEP reviewed. The responses recorded on the IEP Quality Review (Questions 1, 4, 8, and 22) and Service Provider Interview (Questions 1 and 2) provide the source data. The first two columns are identical; only one is to be used, either that for Multidisciplinary Assessment (MA), or that for Annual Review Assessment (ARA). Draw a line through the column not used. The other columns are completed as indicated unless a more recent IEP has been reviewed for the student. In that case, draw a line through the fifth column. The number of curriculum areas are summed up and entered in the last column. The same is done for the last row. Where no information is available, enter a zero.

IEP MAP Matching Data Summary Form

Curriculum areas are matched on this form, using the data recorded on the Curriculum Area Summary Form. If the IEP was developed from a Multidisciplinary Assessment (MA), use the columns headed "MA" and draw a line through those labelled "ARA" (fourth, fifth, and sixth columns). Similarly, if an Annual Review Assessment was performed, use the "ARA" columns and line out those headed "MA" (first, second, and third columns). When matching curriculum areas, a broad curriculum code matches any of its more detailed sublistings. Record the totals in the last column using numerals (not tally marks).

IEP MAP Keypunch Summary Form

Transfer information from the Curriculum Area Summary Form and the Matching Data Summary Form to the Keypunch Summary Form. Draw a line through spaces where no information is available.

Session 3. The third training session requires four hours during which the MAP instruments are applied to sample IEPs (contained in Appendix E) and mock interviews are provided by the trainer. Any sample IEP may be used. Examples should be similar to those used locally. The sample IEPs in Appendix E are offered to assist you. IEP MAP will function successfully with any IEP in use in your local district.

This activity is conducted in three phases: a simulation by the trainer of a complete student record, group simulation of a second record, and individual review of a third record. The goal is to reach agreement on independent responses to the same data.

During the first phase, the trainer completes all instruments aloud, using a sample IEP and explaining how the information is derived and recorded. During this process, the trainer actively solicits questions from the participants. If there is any disagreement not resolved by this manual, identify an acceptable, common definition or guideline to be used. These should be reproduced and distributed to all data collectors.

In the second phase of the training session, each participant is provided a copy of a second sample IEP. Each instrument is completed using group responses. For the interview schedules, the trainer simulates appropriate responses for the group to record. Again, anything that is unclear or not agreed on should be discussed until mutual understanding is reached.

In the last phase, participants individually complete the record review instruments using a third IEP. When all have finished, one participant questions the trainer from interview instruments. Each individual records responses to complete this segment. Then all responses are reviewed and discussed as a group.

During this final training session, each data collector should be provided with a packet containing a local map, a directory of current addresses and phone numbers of all public and private schools to be visited, definitions of abbreviations of tests and curriculum materials, the curriculum framework that will be used, a list of categorical areas, a list of related/designated services and curriculum areas, and the appropriate quantity of each data collection instrument. In addition, each data collector should be given a list of the students for which he or she will be responsible, their schools, their contact persons, and any interview appointments already determined. The data collectors should confirm receipt of the parental consent form with the contact person when scheduling site visits.

Before concluding the training session, the trainer should review the site process. Upon arriving at the site, the data collectors should introduce themselves and obtain the parental consent form and the completed Parent/Guardian Questionnaire. Then they should conduct the associated staff and/or student interviews.

Data Analysis

The analysis of the data collected in the record review and investigation instruments is now a straight-forward process. The field study for IEP MAP produced a series of data coding specifications and computer programs that have been demonstrated to be useful and easily implemented. Appendix G contains instructions for keypunching the data and Appendix H contains the computer programs.

The data analysis process consists of three major steps:

1. Coding and keypunching the data,
2. Performing statistical analyses on the keypunched data, using computer programs,
3. Interpreting the results of the statistical analyses in terms of their implications about the IEP process and its implementation.

The first two processes will vary slightly, depending on the research questions to be answered by the study. More specific detail for the

statistical analysis plan is shown in Appendix F. Table 2 indicates the data files to be keypunched and the computer programs to be used in order to answer different sets of the six primary and secondary questions outlined in the introduction of this manual.

TABLE 2

Data files to be keypunched and computer programs to be used in answering the research questions

RESEARCH QUESTION	DATA FILES TO BE KEYPUNCHED	CORRESPONDING SPSS COMPUTER PROGRAM LABEL
1, 2, 4, 5	Service Provider IEP Complete	SPQ COMPLETE, REPORT ¹
3, 6	MA + ARA	MA, ARA. IEP. REPMA ¹

¹optional

The format for coding the data for each of the data files is given in Appendix G. These coding forms explicitly detail how the information in each record review and investigation instrument is to be keypunched. These coding forms should be provided to the keypuncher, along with the IEP packets of instruments for each student.

The computer programs in Appendix H, using Statistical Package for the Social Sciences (SPSS), have been tested and, for the most part, can be used exactly as given. However, a few minor changes in the Job Control Language (JCL) that precedes the SPSS programs may be needed, depending on the computer center at which the analyses are performed. Also, the "N of cases" SPSS statment should be changed to the number of cases in the sample size.

Table 5 in Appendix F shows the statistical analyses to be performed in order to answer each research question. The computer program files corresponding to these statistical analyses are also listed in Table 5. Many of the statistical analyses prescribed in Table 5 are performed on composites of items in each instrument rather than on individual items in each instrument. The IEP MAP field study showed that these composites or

scales are reliable and internally consistent. Table 6 in Appendix F shows the composites.

Interpretation and Reporting

To develop a report of your findings, consult any research text or manual, or use the Field Study Summary in Appendix D as a model. The format and length will vary according to the purpose of the report and the audience for which it is intended. The report is important to the documentation of the study and to future evaluation comparisons you may want to make following inservice or a specified period of time.

Your results and conclusions are individual in nature and relate to your own situation. They will reflect your particular interest area and the actual needs in your district. Standards for determination of action are also of an individual nature. The advisory committee may assist with the establishment of standards. Strategies for improving scores by some necessary action should be developed by both the advisory committee and the administration. An example would be to examine the several item scores on the IEP Quality Review which pertain to the writing of student objectives. By setting standards of performance prior to the study, criterion for performance would provide a point of decision-making. Scores above the standard would indicate that the staff has successfully used adequate skills in the writing of objectives. Scores below the standard would indicate a need for technical consultation, staff development, or other such strategy to improve the skill in the writing of objectives.

Detailed descriptions of composites and the items which were included in each composite are shown in Appendix F. These composites allow several items to be evaluated at the same time and indicate the trend in that particular area. The item scores can then be used to plan more specific strategies when composite score standards have identified an area in need of attention. Poorly written student objectives would, therefore, have been identified by low scores on the IEP Quality Review goals composite. The scores on items 16, 17, 18, 19, 20, and 21 would indicate whether the need was in writing objectives with conditions and stimulus stated,

observable performance, specific criterion, baseline data, retest data, and/or direct relationship to the goal statement. If only one of these areas was particularly low, then possibly a memo would suffice to encourage the staff to be alert to strengthening this area. If several areas were in need of attention, an inservice review on writing objectives would be needed. If all areas were low, a stronger strategy with text material, several meeting periods, and individual participant assessment might be needed. Where it is warranted, such improvement of skill level may be appropriately written into an employee's performance plan. The intensity of the activity should match the priority of the area in relation to the success of the IEP process and with respect to other existing priorities in your district.

The answers to each research question are reported using statistics that are descriptive in nature and are directly interpretable as indices of the performance. Establish your standards according to your interpretation of an acceptable level of performance. For example, looking at the percentage of match scores, a standard of 80% is recommended to insure a minimal level of consistency within components of the IEP process. Differences in the performance are indicated by levels of significance on various scores. Findings that are at or below 0.05, levels of significance identify statistically significant differences in performance. A significance level of 0.05 indicates there are only five chances out of 100 that the finding is by chance. A level of .01 indicates one chance out of 100 that the finding is by chance. Establishing a standard between 0.05 and 0.01 is not necessary because 0.05 is adequate to identify areas meriting further attention.

Standards obviously would need to be higher in areas of compliance and other areas might require several indicators before implementing action. This, then, provides accountable reporting of existing conditions for data-based decision-making, for setting priority guidelines, and long-range planning information. Ongoing monitoring and evaluation with IEP MAP will identify areas in need of change in your district and will evaluate strategies you have enacted.

GLOSSARY

Annual Review Team: members at a meeting for the purpose of reviewing and revising at least annually a special education student's IEP. Each meeting must include, but not to be limited to, the following participants: a representative of the public educational agency who is qualified to provide or supervise special education programs, the child's teacher, one or both of the child's parents, others who have provided special education to the child, the child when appropriate, and other individuals at the discretion of the parent or agency.

Assessment: information obtained concerning a child from a variety of sources, including, but not limited to: aptitude and achievement tests, teacher recommendations and observations, physical condition, social or cultural background, and adaptive behavior documented in the IEP and student file. Multidisciplinary assessment is the initial placement and three year assessment used for placement. IEP assessment is the information written on the IEP following a multidisciplinary assessment or as a part of an annual review.

Classroom Program and Services: instructional practices and services present in the classroom of a special education student including the materials and equipment.

Handicap: a condition including, but not limited to, one or more of the following characteristics over a long period of time and to a marked degree which adversely affects educational performance: deaf, deaf-blind, hard of hearing, mentally retarded, multihandicapped, orthopedically impaired, other health impaired, seriously emotionally disturbed, learning disabled, speech impaired, and visually impaired.

Individualized Education Program: a written statement for a handicapped child that is developed and implemented. Each IEP must include: a statement of the child's present levels of educational performance, annual goals, instructional objectives, a statement of services to be provided, the dates for initiation and duration of services, and objective criteria and evaluation procedures for determining on at least an annual basis whether the instructional objectives are being

achieved. IEP compliance is the documentation of the information required in the written IEP by law. IEP quality is the documentation of information which might provide additional assistance to the planners and service providers. Elements of IEP quality include: number of, amount of, and specificity of assessment, abilities, strengths, weaknesses, goals, objectives, services, and service providers.

Multidisciplinary Team: members at a meeting for the purpose of developing for the first time (initial placement) or reviewing and revising (third-year evaluation) a special education student's IEP. In either case, a comprehensive multidisciplinary assessment has preceded the writing of the IEP. Each meeting must include, but not be limited to, the following participants: persons/specialists including at least one teacher or other specialist with knowledge in the area of the suspected disability who assessed the child in all related areas including, where appropriate, health, vision, hearing, social, and emotional status, general intelligence, academic performance, communicative status, and motor abilities; a representative of the public educational agency who is qualified to provide or supervise special education programs; one or both of the child's parents; the child when appropriate and other individuals at the discretion of the parent or agency.

Program Design: the description of the special education program as written in the IEP which may include goals, objectives, instructional design, materials, equipment, classroom placement, and designated instructional services.

Service Provider: a person who provides service to a special education student, including, but not limited to: regular education teachers, special education teachers, therapists, clinicians, and specialists.

Special Education Student: a person 0-21 years of age who has been identified through assessment to have one or more handicapping conditions which requires specially designed instruction to meet their unique needs. An IEP is written for all students designated as special education students. Their impairment requires instruction, services, or both which cannot be provided by a modification of the regular school program.

APPENDIX A

IEP MAP
Instruments



IEP COMPLIANCE REVIEW

Student's Name _____ Student's ID# _____

Data Collector _____ Type of IEP MA or ARA

DATA COLLECTOR INSTRUCTIONS: Check the appropriate box for each item.
Please consult the Instructional Manual for any needed clarification.

1. Does this IEP include a statement of:

	Yes Complete 3	Yes, but Incomplete 2	No 1
a. The student's present levels of educational performance?	☐	☐	☐
b. A specified long range goal?	☐	☐	☐
c. Annual goals?	☐	☐	☐
d. Short-term instructional objectives?	☐	☐	☐
e. Specific special education assistance and related services to be provided to the student?	☐	☐	☐
f. The extent to which the student will be able to participate in regular educational programs?	☐	☐	☐
g. The projected dates for initiation of services?	☐	☐	☐
h. The rationale for each instructional setting?	☐	☐	☐
i. The anticipated duration of services?	☐	☐	☐
j. Objective criteria for determining whether the short-term instructional objectives are being achieved?	☐	☐	☐

2. a. Was more than one source of evaluation information (e.g. aptitude and achievement tests, teacher recommendations, physical condition, social or cultural background, and adaptive behavior) used in making placement decisions?

0 ☐ No
1 ☐ Yes

b. If Yes, how many different sources?

_____ Total Number

- | | | |
|---|-----|-----|
| 3. Did the meeting to review and write the IEP include: | No | Yes |
| | 0 | 1 |
| a. An administrator/designee? | [] | [] |
| b. The student's teacher? | [] | [] |
| c. One or both parents? | [] | [] |
| d. The student? | [] | [] |
| e. Assessment team representative? | [] | [] |
| f. Other _____? | [] | [] |
| (specify) | | |

If the response to question 3d is Yes, administer the STUDENT INTERVIEW.



IEP QUALITY REVIEW

Student's Name _____ Student's ID# _____

Data Collector _____ Student's Birthdate _____
(Day Month Year)

Date of initial placement _____ Date of IEP _____
(Day Month Year) (Day Month Year)

DATA COLLECTOR INSTRUCTIONS: Please consult the Instructional Manual for any needed clarification.

Student's Age Level

- 1 ☒ Elementary (under 14 years 9 months on September 1)
- 2 ☐ Secondary (14 years 9 months or over on September 1)

Student's Type of Handicap

- 1 ☐ Communicatively Handicapped
- 2 ☐ Learning Handicapped
- 3 ☐ Physically Handicapped
- 4 ☐ Severely Handicapped

Type of Assessment Team

- 1 ☐ Multidisciplinary Assessment Team (MA)
- 2 ☐ Annual Review Assessment Team (ARA)

1. a. Circle the number of curriculum areas (CA) described in the IEP, list by each the number of assessment procedures per curriculum area (0= No procedure named), and indicate the curriculum area by code for each assessment done by either team.

No. CA	No. Procedures	MA/ARA by CA					
0	_____	_____	_____	_____	_____	_____	_____
1	_____	_____	_____	_____	_____	_____	_____
2	_____	_____	_____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____	_____	_____
4	_____	_____	_____	_____	_____	_____	_____
5	_____	_____	_____	_____	_____	_____	_____
6	_____	_____	_____	_____	_____	_____	_____
7	_____	_____	_____	_____	_____	_____	_____
8	_____	_____	_____	_____	_____	_____	_____

- b. _____ Total Number of Assessment Procedures

2. In general, how were the level of abilities in the specified curriculum area described? (Circle the appropriate number.)

General/ Vague					Specific/ Detailed		Not Available
1	2	3	4	5		0	

3. How many student strengths were specifically identified?

_____ Total Number

4. How many student weaknesses were specifically identified?

_____ Total Number

5. On the average, how were the student strengths and weaknesses described?

General/ Vague					Specific/ Detailed		Not Available
1	2	3	4	5		0	

6. Did the long-range goal include a specific statement of future expectations (e.g., work/school setting)?

0 ☐ No
1 ☐ Yes

7. How many services were to be provided this student?

_____ Total Number

8. Check the types of services, indicate the time allotted per service, and indicate the curriculum area (CA) by code for services listed in the IEP.

Type	Amount of Time in Minutes/Week	IEP Services by CA
1 ☐ Academic counselor	_____ min.	_____
2 ☐ Adaptive PE specialist	_____ min.	_____
3 ☐ Nurse	_____ min.	_____
4 ☐ Occupational therapist	_____ min.	_____
5 ☐ Physical therapist	_____ min.	_____
6 ☐ Program specialist	_____ min.	_____
7 ☐ Psychologist	_____ min.	_____
8 ☐ Regular education teacher	_____ min.	_____
9 ☐ Resource specialist	_____ min.	_____
10 ☐ Special day class teacher	_____ min.	_____
11 ☐ Special education aide	_____ min.	_____
12 ☐ Speech and language specialist	_____ min.	_____
13 ☐ Social worker	_____ min.	_____
14 ☐ Vocational education specialist	_____ min.	_____
15 ☐ Other _____ (specify)	_____ min.	_____

9. In what percentage of services was the specific type of staff to provide each service identified?
_____ %

10. In what percentage of services was the time and/or amount of each of these services identified?
_____ %

11. How were the services to be provided described?

General/ Vague					Specific/ Detailed	Not Available
1	2	3	4	5		0

12. Were minutes per week in each instructional setting specified?

0 ☐ No
1 ☐ Yes, partially
2 ☐ Yes, completely

13. What type(s) of instructional settings were listed in the IEP for for this student?

a ☐ Special education classroom
b ☐ Regular education classroom
c ☐ Designated service
d ☐ Resource specialist
e ☐ Other _____
(specify)

14. Circle the number of annual goals listed in the IEP, write the number of IEP objectives (IEP OBJ) per goal, and indicate the curriculum area (CA) by code for each objective.

a.

No. Goals	No. IEP OBJ	IEP OBJ by CA						
0	_____	_____	_____	_____	_____	_____	_____	_____
1	_____	_____	_____	_____	_____	_____	_____	_____
2	_____	_____	_____	_____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____	_____	_____	_____
4	_____	_____	_____	_____	_____	_____	_____	_____
5	_____	_____	_____	_____	_____	_____	_____	_____
6	_____	_____	_____	_____	_____	_____	_____	_____
7	_____	_____	_____	_____	_____	_____	_____	_____
8 or more	_____	_____	_____	_____	_____	_____	_____	_____

b. _____ Total Number of IEP Objectives

15. To what extent did areas of identified student need have goals written?

No Areas All Areas
1 2 3 4 5

16. What percentage of objectives stated conditions and stimulus?
_____ %
17. For what percentage of objectives could performance be observed?
_____ %
18. What percentage of objectives had a specific criterion for determining a successful performance?
_____ %
19. What percentage of objectives had baseline data?
_____ %
20. For what percentage of the objectives was the student's performance retested and recorded in the IEP?
_____ %
21. To what extent did objectives relate to this student's identified annual goals?

None All
1 2 3 4 5

22. a. Write how many of each type of member was on the IEP writing team next to their role.

Number	Role
--------	------

- 1 _____ Academic counselor
2 _____ Adaptive PE specialist
3 _____ Nurse
4 _____ Occupational therapist
5 _____ Physical therapist
6 _____ Program specialist
7 _____ Psychologist
8 _____ Regular education teacher
9 _____ Resource specialist
10 _____ Special day class teacher
11 _____ Special education aide
12 _____ Speech and language specialist
13 _____ Social worker
14 _____ Vocational education specialist
15 _____ Other _____ (specify)

- b. Total Number of Members on IEP Writing Team

23. Write the total number of materials and equipment listed in the IEP, identify the items, and indicate the curriculum area (CA) by code for each item specifically listed in this student's IEP.

Total Number

[illegible]



**MULTIDISCIPLINARY TEAM
ASSESSMENT REVIEW**

Student's Name _____ Student's ID# _____

Data Collector _____ Date of Assessment _____
(Day Month Year)

DATA COLLECTOR INSTRUCTIONS: Please consult the Instruction Manual for any needed clarification.

1. Was there evidence and/or documentation in the file that a multidisciplinary team meeting was held?

0 ☐ No
1 ☐ Yes

2. Was there evidence and/or documentation in the file that a multidisciplinary assessment was completed?

0 ☐ No
1 ☐ Yes

3. a. Write how many of each type of member was on the IEP writing team next to their role.

<u>Number</u>	<u>Role</u>
1 _____	Academic counselor
2 _____	Adaptive PE specialist
3 _____	Nurse
4 _____	Occupational therapist
5 _____	Physical therapist
6 _____	Program specialist
7 _____	Psychologist
8 _____	Regular education teacher
9 _____	Resource specialist
10 _____	Special day class teacher
11 _____	Special education aide
12 _____	Speech and language specialist
13 _____	Social worker
14 _____	Vocational education specialist
15 _____	Other _____
	(specify)

b. _____ Total Number of Members on IEP Writing Team



SERVICE PROVIDER QUESTIONNAIRE

Student's Name _____ Student's ID# _____

School _____ District _____ Birthdate _____
(Day Month Year)

Data Collector _____

INSTRUCTIONS: Please help to evaluate the IEP process by completing this questionnaire in terms of the identified student's IEP. This questionnaire will take about 10 minutes. Most questions can be answered by checking the appropriate responses. If a question is not applicable, please write "NA" by it. Thank you for your cooperation.

SECTION I

1. In which type(s) of instructional setting do you work with this student?

- a ☐ Regular education classroom
- b ☐ Special education classroom
- c ☐ Designated service environment
- d ☐ Resource specialist room
- e ☐ Other _____
(specify)

2. What role do you play in this student's instructional program?
(Please check only one.)

- 1 ☐ Academic counselor
- 2 ☐ Adaptive PE specialist
- 3 ☐ Nurse
- 4 ☐ Occupational therapist
- 5 ☐ Physical therapist
- 6 ☐ Program specialist
- 7 ☐ Psychologist
- 8 ☐ Regular education teacher
- 9 ☐ Resource specialist
- 10 ☐ Special day class teacher
- 11 ☐ Special education aide
- 12 ☐ Speech and language specialist
- 13 ☐ Social worker
- 14 ☐ Vocational education specialist
- 15 ☐ Other _____
(specify)

3. If you are a specialist service provider rather than a classroom teacher, approximately how many minutes per week do you work with this student?

_____ Total Minutes

4. Do you have access to this student's IEP?

0 ☐ No

1 ☐ Yes

If No, please describe why _____

5. Are you familiar with this student's IEP?

1 ☐ Yes

2 ☐ No

If you answered Yes to question 5, continue to SECTION II.

If you answered No to question 5, please turn to SECTION III.

SECTION II

6. a. In your opinion, will this student reach all IEP objectives?

0 ☐ Don't know

1 ☐ No

2 ☐ Yes

b. If No, why?

a ☐ Objectives unrealistic

b ☐ Sufficient services were not available

c ☐ Other _____
(specify)

7. To what extent, in your opinion, does this student's performance match expectations as defined in the IEP?

1 ☐ Proceeded more quickly than expected

2 ☐ Proceeded right on schedule

3 ☐ Proceeded less quickly than expected

4 ☐ The IEP was not specific enough to measure progress

5 ☐ Don't know

8. If this student's needs changed, was the IEP revised in writing?

1 ☐ Don't know

2 ☐ Didn't change

3 ☐ No

4 ☐ Yes

9. How often do you discuss this student's IEP with him or her during a year?

1 ☐ Never
2 ☐ 1-3 times a year
3 ☐ 4-6 times a year
4 ☐ 7-9 times a year
5 ☐ more than 9 times a year

10. Approximately how much of the time spent in your class does this student spend on goals and objectives specified in the IEP?

1 ☐ 0%
2 ☐ 10%
3 ☐ 20%
4 ☐ 30%
5 ☐ 40%
6 ☐ 50%
7 ☐ 60%
8 ☐ 70%
9 ☐ 80%
10 ☐ 90%
11 ☐ 100%

11. How important do you believe this student's IEP instructional objectives are? (Circle the appropriate number.)

Not Very
1 2 3 4 5

12. To what extent did you find this student's IEP recommendations useful to you in designing activities?

A little A lot
1 2 3 4 5

13. To what extent do you feel the IEP appropriately reflects this student's needs?

A little A lot
1 2 3 4 5

14. Please describe any difficulties you have encountered when trying to implement this student's IEP _____

SECTION III

15. Whether or not the type of assistance or service was called for in the IEP, please indicate whether, in your opinion, the assistance or service was:

- (A) Needed and/or
(B) Provided for this student.

	(A) <u>Needed</u>	(B) <u>Provided</u>
a Physical therapy	1 ☐	2 ☐
b Occupational therapy	3 ☐	4 ☐
c Psychological services	5 ☐	6 ☐
d Academic counseling	7 ☐	8 ☐
e Resource specialist services	9 ☐	10 ☐
f Special day class	11 ☐	12 ☐
g Speech and language services	13 ☐	14 ☐
h Nursing services	15 ☐	16 ☐
i Special education aide services	17 ☐	18 ☐
j Regular class	19 ☐	20 ☐
k Program specialist services	21 ☐	22 ☐
l Adaptive physical education	23 ☐	24 ☐
m Social work services	25 ☐	26 ☐
n Vocational education services	27 ☐	28 ☐
o Other _____	29 ☐	30 ☐
(specify)		

16. Indicate whether, in your opinion, the assistance or service provided for this student was adequately available.

<u>Adequately Available</u>		
	Yes	No
a Physical therapy	1 ☐	2 ☐
b Occupational therapy	3 ☐	4 ☐
c Psychological services	5 ☐	6 ☐
d Academic counseling	7 ☐	8 ☐
e Resource specialist services	9 ☐	10 ☐
f Special day class	11 ☐	12 ☐
g Speech and language services	13 ☐	14 ☐
h Nursing services	15 ☐	16 ☐
i Special education aide services	17 ☐	18 ☐
j Regular class	19 ☐	20 ☐
k Program specialist services	21 ☐	22 ☐
l Adaptive physical education	23 ☐	24 ☐
m Social work services	25 ☐	26 ☐
n Vocational education services	27 ☐	28 ☐
o Other _____	29 ☐	30 ☐
(specify)		

17. To what extent do you feel this student's instructional program is coordinated among those providing service? (Circle the appropriate number.)

A little A lot
1 2 3 4 5

18. To what extent do you feel this student is being served by the current program?

Poorly Very well
1 2 3 4 5

Thank you very much for your assistance.



SERVICE PROVIDER INTERVIEW

Student's Name _____ Student's ID# _____

Service Provider's Name _____ Data Collector _____

DATA COLLECTOR INSTRUCTIONS: Ask the service provider to show you the implemented program services, materials, and equipment, (PROG S/M/E) list them, and indicate the curriculum area (CA) by code. Then write the names of the personnel identified as providing service.

Services

1. Please show me items that indicate the services provided to meet this student's objectives (e.g., lesson plans, schedules, attendance records).

Items of PROG S/M/E	CA	Items of PROG S/M/E	CA
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Materials and Equipment

2. Please show me the instructional materials or equipment used to meet this student's objectives (e.g., books, games, typewriter).

Items of PROG S/M/E	CA	Items of PROG S/M/E	CA
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Personnel

3. Please tell me the names of others providing assistance or service to this student on a scheduled basis to meet the IEP objectives.

Name



PARENT/GUARDIAN QUESTIONNAIRE

Student's Name _____ Student's ID# _____

School _____ District _____ Date _____
Day Month Year

INSTRUCTIONS: Please help to evaluate the IEP process by completing this questionnaire in terms of your child's IEP. The questionnaire will take about 10 minutes. Most questions can be answered by checking the appropriate response.

What is your relationship to the child?

- 1 ☐ Father
- 2 ☐ Mother
- 3 ☐ Male guardian
- 4 ☐ Female guardian
- 5 ☐ Other _____
(specify)

What category most accurately identifies your child's ethnic group?

- 1 ☐ Hispanic
- 2 ☐ Asian or Pacific Islander
- 3 ☐ White, not of Hispanic Origin
- 4 ☐ American Indian or Alaskan
- 5 ☐ Black, not of Hispanic Origin
- 6 ☐ Filipino

What language most often is spoken in the home?

- 1 by you? _____
- 2 by your child? _____

1. How familiar are you with your child's individualized education program (IEP)? (Circle the appropriate number.)

Not Very
1 2 3 4 5

2. Do you have a copy of your child's IEP?

- 1 ☐ Don't know
- 2 ☐ No
- 3 ☐ Yes

3. How often do you discuss your child with his or her teacher?

- 1 ☐ Never
- 2 ☐ 1-3 times a year
- 3 ☐ 4-6 times a year
- 4 ☐ 7-9 times a year
- 5 ☐ More than 9 times a year

4. How carefully were your child's needs identified by the assessment recommendations?

Not		Very		
1	2	3	4	5

5. Whether or not the type of assistance or service was called for in the IEP, please indicate, in your opinion, whether the assistance or service was provided.

- a ☐ Physical therapy
- b ☐ Occupational therapy
- c ☐ Psychological services
- d ☐ Academic Counseling
- e ☐ Resource specialist services
- f ☐ Special day class
- g ☐ Speech and language services
- h ☐ Nursing services
- i ☐ Special education aide services
- j ☐ Regular class
- k ☐ Program specialist services
- l ☐ Adaptive physical education
- m ☐ Social work services
- n ☐ Vocational education services
- o ☐ Other _____

(specify)

6. Do you believe any types of assistance or service listed above are needed and not provided?

- 0 ☐ No
- 1 ☐ Yes

If Yes, please list those types of services or assistance needed

7. In your opinion, how well has your child's IEP been implemented:

a. by needed types of services provided?

Not					Very
1	2	3	4	5	

b. by appropriate amounts of services provided?

Not					Very
1	2	3	4	5	

8. How carefully do you think your child's strengths and weaknesses were considered when developing the IEP?

Not					Very	Don't Know
1	2	3	4	5		0

9. How important do you believe the goals selected for your child are?

Not					Very
1	2	3	4	5	

10. How responsive, interested, or accepting was the IEP committee to your comments?

Not					Very	Didn't Participate
1	2	3	4	5		0



STUDENT INTERVIEW

Student's Name _____ Student's ID# _____

Data Collector _____ School _____

DATA COLLECTOR INSTRUCTIONS: Read each question and the response alternatives to the student. Where there are several alternatives obtain a response to each before proceeding to the next. Record the appropriate responses.

1. Have you seen your individualized education program (IEP)?

- 1 ☐ Yes
- 2 ☐ No
- 3 ☐ Not sure

2. Does your family have a copy of your IEP?

- 1 ☐ Yes
- 2 ☐ No
- 3 ☐ Not sure

3. How important do you believe the IEP goals selected for you are?

- | | | | | |
|-----|---|---|---|------|
| Not | | | | Very |
| 1 | 2 | 3 | 4 | 5 |

4. Which of these services are you receiving from the school, in addition to those provided by your classroom teacher?

- a ☐ Extended school year (summer school)
- b ☐ Physical therapy
- c ☐ Occupational therapy
- d ☐ Psychological services
- e ☐ Academic counseling services
- f ☐ Resource specialist
- g ☐ Special day class
- h ☐ Speech and language services
- i ☐ Nursing services
- j ☐ Extra help in academic areas (e.g. reading, math)
- k ☐ Adaptive physical education
- l ☐ Social work services
- m ☐ Vocational education services
- o ☐ other _____
(specify)

5. Do you believe you need more of any of the services you are already receiving?

- 0 ☐ No
- 1 ☐ Yes

If Yes, please name _____

6. How carefully do you think your strengths and weaknesses were considered when the IEP was developed?

Not Very Don't Know
1 2 3 4 5 0

7. Which of these services, in addition to those provided by your classroom teacher, do you believe you need from your school?

- a ☐ Extended school year (summer school)
- b ☐ Physical therapy
- c ☐ Occupational therapy
- d ☐ Psychological services
- e ☐ Academic counseling
- f ☐ Resource specialist services
- g ☐ Special day class
- h ☐ Speech and language services
- i ☐ Nursing services
- j ☐ Extra help in academic areas (e.g. reading, math)
- k ☐ Adaptive physical education
- l ☐ Social work services
- m ☐ Vocational education services
- n ☐ other _____
(specify)

8. In your opinion, to what extent are the special education services provided completely meeting your priority educational needs?

A Little A Lot Don't Know
1 2 3 4 5 0

9. In your opinion, how well has your IEP been implemented:

- a. by needed types of services provided?

Not Very
1 2 3 4 5

- b. by appropriate amounts of services provided?

Not Very
1 2 3 4 5

10. a. Do you think you will reach all of your IEP objectives?

- 1 ☐ Don't Know
- 2 ☐ No
- 3 ☐ Yes

- b. If No, why not?

- a ☐ Objectives were unrealistic
- b ☐ Sufficient services were not available
- c ☐ Other _____
(specify)

11. Approximately how much time in class do you spend on the objectives listed in your IEP?

- 1 ☐ 0%
- 2 ☐ 10%
- 3 ☐ 20%
- 4 ☐ 30%
- 5 ☐ 40%
- 6 ☐ 50%
- 7 ☐ 60%
- 8 ☐ 70%
- 9 ☐ 80%
- 10 ☐ 90%
- 11 ☐ 100%

12. How often did you discuss your IEP with your teacher during this school year?

- 1 ☐ Never
- 2 ☐ 1-3 times
- 3 ☐ 4-6 times
- 4 ☐ 7-9 times
- 5 ☐ More than 9 times

13. Please feel free to make any other comments regarding your IEP or special education program _____

IEP MAP CURRICULUM AREA SUMMARY FORM

CA = Curriculum Area
 MA = Multidisciplinary
 ARA = Annual Review Assessment on the IEP
 OBJ = Objectives on the IEP
 IEP S/M/E = Type of services, materials and equipment listed on the IEP
 PROG S/M/E = Type of services, materials and equipment provided in the programs implemented

Record CA by Code No. 1
 Record O where no information available
 Draw a line through column not used (I MA or II ARA) depending on type of IEP

Student _____

Student ID# _____

Data Collector _____

CA	I. MA by CA (Quality Review question #1a.) (Use only column I. or II.)	II. ARA by CA (Quality Review question #1a.)	III. OBJ by CA (Quality Review question #14a.)	IV. IEP S/M/E by CA (Quality Review questions 8 & 23.)	V. PROG S/M/E by CA (Service Provider Interview questions 1 & 2)	Total No. of CA's
A. Language/Communication						
B. Academic Achievement						
C. Physical Education/Recreation						
D. Social/Emotional Behavior						
E. Independent Living						
F. Career/Vocational Education						
G. Health Education						
H. Fine Arts						
Total No. of CA's						

(1 See Instructional Manual for use of appropriate curriculum framework.)

60 (467)

IEP MAP MATCHING DATA SUMMARY FORM

CA = Curriculum Area
 MA = Multidisciplinary
 ARA = Annual Review Assessment on the IEP
 OBJ = Objectives on the IEP
 IEP S/M/E = Type of services, materials and equipment listed on the IEP
 PROG S/M/E = Type of services, materials and equipment provided in the program as implemented

Draw lines through any column not used (MA or ARA) depending on type of IEP. Compare columns I through IV on the Curriculum Area Summary Form. Record / above the diagonal where there is a match. Record 0 below the diagonal where there is no match.

Student Name _____

Student ID# _____

Data Collector _____

MA by OBJ I x III	MA by IEP S/M/E I x IV	MA by PROG S/M/E I x V	ARA by OBJ II x III	ARA by IEP S/M/E II x IV	ARA by PROG S/M/E II x V	OBJ by IEP S/M/E III x IV	OBJ by PROG S/M/E IV x V	IEP S/M/E by PROG S/M/E IV x V	No. of Match No Match
----------------------	---------------------------	---------------------------	------------------------	-----------------------------	-----------------------------	------------------------------	--------------------------------	--------------------------------------	--------------------------

A. Language/Communication									
B. Academic Achievement									
C. Physical Education/Recreation									
D. Social/Emotional Behavior									
E. Independent Living									
F. Career/Vocational Education									
G. Health Education									
H. Fine Arts									
Total of Match/No Match									



IEP MAP KEYPUNCH SUMMARY FORM

Student's Name _____ Student's ID# _____

Data Collector _____

DATA COLLECTOR INSTRUCTIONS: Complete this form from the information on the Curriculum Area Summary Form and the Matching Data Summary Form. Draw a line through any column where no information is available on the other forms.

1. Curriculum area summary

MULTIDISCIPLINARY TEAM				ANNUAL REVIEW TEAM			
CA	No.	Source	No.	CA	No.	Source	No.
A.	_____	I. MA	_____	A.	_____	II. ARA	_____
B.	_____	III. OBJ	_____	B.	_____	III. OBJ	_____
C.	_____	IV. IEP S/M/E	_____	C.	_____	IV. IEP S/M/E	_____
D.	_____	V. PROG S/M/E	_____	D.	_____	V. PROG S/M/E	_____
E.	_____	TOTAL	_____	E.	_____	TOTAL	_____
F.	_____			F.	_____		
G.	_____			G.	_____		
H.	_____			H.	_____		
TOTAL	_____			TOTAL	_____		

2. Matching data summary

MULTIDISCIPLINARY TEAM

<u>Ratio of Matches by Curriculum Area</u>				<u>Ratio of Matches by Source</u>			
CA	No. of Matches	Total No. of Matches & No Matches	Percent of Matches	Source	No. of Matches	Total No. of Matches & No Matches	Percent of Matches
A.	_____	_____	_____	MA by OBJ	_____	_____	_____
B.	_____	_____	_____				
C.	_____	_____	_____	MA by IEP			
D.	_____	_____	_____	S/M/E	_____	_____	_____
E.	_____	_____	_____	MA by PROG			
F.	_____	_____	_____	S/M/E	_____	_____	_____
G.	_____	_____	_____	OBJ by IEP			
H.	_____	_____	_____	S/M/E	_____	_____	_____
TOTAL	_____	_____	_____	OBJ by PROG S/M/E	_____	_____	_____
				IEP S/M/E by PROG S/M/E	_____	_____	_____
				TOTAL	_____	_____	_____

ANNUAL REVIEW TEAM

<u>Ratio of Matches by Curriculum Area</u>				<u>Ratio of Matches by Source</u>			
CA	No. of Matches	Total No. of Matches & No Matches	Percent of Matches	Source	No. of Matches	Total No. of Matches & No Matches	Percent of Matches
A.	_____	_____	_____	ARA by OBJ	_____	_____	_____
B.	_____	_____	_____				
C.	_____	_____	_____	ARA by IEP			
D.	_____	_____	_____	S/M/E	_____	_____	_____
E.	_____	_____	_____	ARA by PROG			
F.	_____	_____	_____	S/M/E	_____	_____	_____
G.	_____	_____	_____	OBJ by IEP			
H.	_____	_____	_____	S/M/E	_____	_____	_____
TOTAL	_____	_____	_____	OBJ by PROG			
				S/M/E	_____	_____	_____
				IEP S/M/E by PROG			
				S/M/E	_____	_____	_____
				TOTAL	_____	_____	_____

APPENDIX B

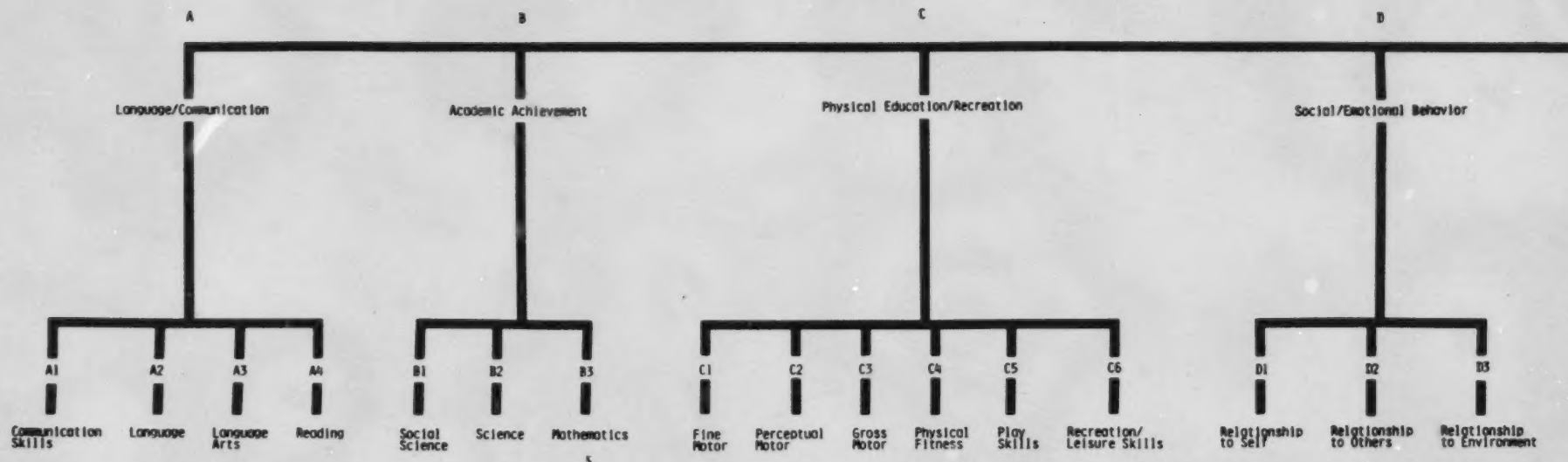
**Santa Clara County
Special Education Curriculum Framework**

Curriculum Code Guide

Goal: To provide a special education curriculum

to facilitate an individualized education program

for pupils with exceptional needs.



(67

Pages:
Color Codes:

1 - 12
Tan

13 - 20
Bronze

21 - 30
Orange

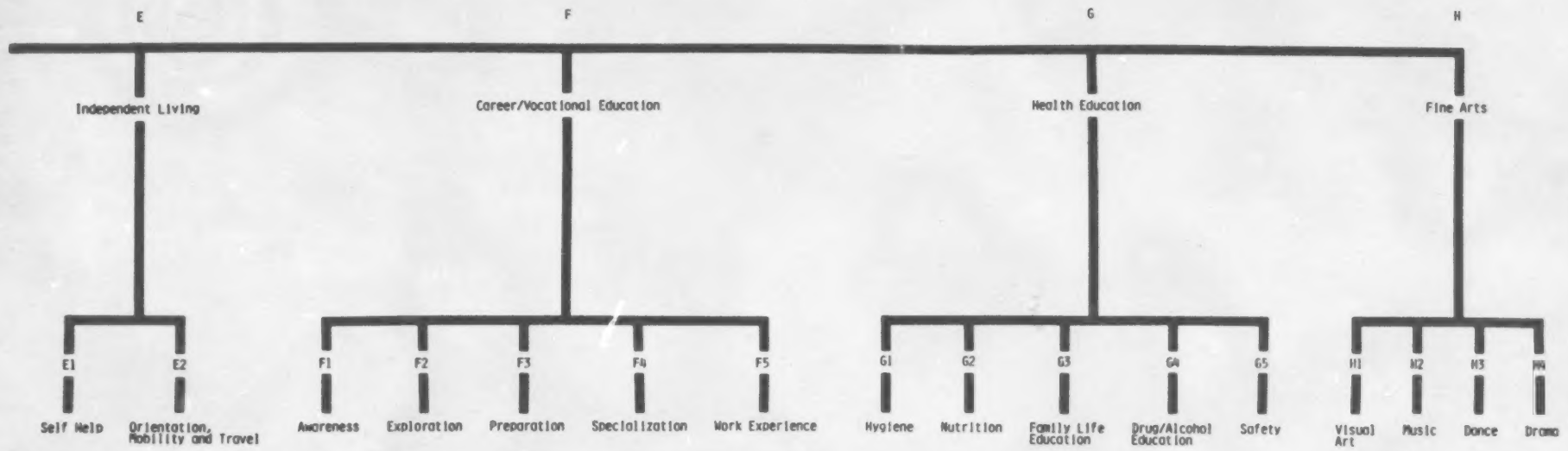
31 - 38
Gold

68

SANTA CLARA COUNTY

SPECIAL EDUCATION CURRICULUM FRAMEWORK

CRITICAL COMPETENCIES



69

39 - 44
Yellow

45 - 54
Green

55 - 58
Blue

70

59 - 62
Grey

Curriculum Code Guide

<u>Categorical Areas</u>	<u>Related/Designated Services</u>
<u>Communicatively Handicapped</u> Deaf, Hearing Impaired, Speech Impaired (RLS or SDL/A)	Audiology Speech and Language Prevention of Hearing Loss Counseling & Guidance Amplification (hearing aid) Services Early Identification
<u>Severely Handicapped</u> Autistic, Seriously Emotionally Disturbed, Mentally Retarded (TMR), Multihandicapped, Deaf, Blind, Development Center (DCH)	Medical Occupational Therapy
<u>Physically Handicapped</u> Orthopedically Handicapped, Other Health Impaired, Visually Impaired	Parent Counseling & Training Physical Therapy Psychological Services Recreation
<u>Learning Handicapped</u> Specific Learning Disability, Educable Mentally Retarded (EMR), Educationally Handicapped (EH)	School Health Services Social Work Services Auditory Training (lip reading, oral, etc.) Transportation Vocational Education Physical Education

Services by Curriculum Areas

<u>Type of Service</u>	<u>Curriculum Area</u>
Special day class teacher	ALL
Resource specialist	ALL
Regular education	ALL
Special education aide(s)	ALL
Academic counselor	B
Psychologist	ABD
Social Worker	D
Program specialist	ALL
Speech and language specialist	A
Nurse	G or C
Physical therapist	C
Occupational therapist	F or C
Adaptive PE specialist	C
Other	

APPENDIX C

Sample Notification Forms: Teacher, Parent, and Parent Reminders

Dear Teacher,

We appreciate your assistance with the IEP Study. The information you provide is important to your classroom as it is affected by district and state regulation. In this packet we have tried to provide you with more information about our study and give you guidelines for helping us. Please share this information with the others who work with this student. Remember:

- ° We will not collect any information without parent permission.
- ° We are not evaluating individual teachers.
- ° We are not evaluating student progress.
- ° We will not be observing your teaching or the student.
- ° We are interested in how you feel about how the IEP is actually working.
- ° We will be looking at forms and files.
- ° We will ask you and other staff to complete a 10 minute questionnaire.
- ° We will ask you and other staff for a 10 to 15 minute interview.
- ° We will interview the student only if he/she has signed the IEP.

Each of the parents has received in the mail a permission form and the Parent/Guardian Questionnaire with instructions to return them to you. If you have not received a signed form (giving or withholding permission), please send the enclosed permission form home with the child and follow up with a phone call until the form is returned. Since you have been in contact with the family previously, we trust your skills in securing a response from them.

A Parent/Guardian Questionnaire has been sent home to the parent of the student in the class chosen for the IEP Study. The parent is to return it to you as soon as possible. We will pick up the questionnaire from you on the day of our appointment. Please use the attached reminder notices to encourage parents to return the survey. There are four reminders--one for each day the survey is not returned. If the reminders do not succeed, we would appreciate your phoning the parent.

Please complete the Service Provider Questionnaire before we arrive for our appointment. It should take about 10 minutes. We will be glad to discuss the questionnaire with you if you have questions. Each of the staff (regular or special education) working with the student should complete a questionnaire.

We will want to interview individually each staff person working with the student for about 10 minutes while we are there. We will collect the questionnaires at that time. Please give each of them the questionnaire and alert them to the date our appointment.

If you, a parent, or staff person has any questions about the IEP Study, please call me. We are very willing to help in any way we can. We know you recognize the importance of this work, and we appreciate the efforts you must make to help this study be a success.

Thank you.

Dear Parent,

As you know, the Individualized Education Program (IEP) is the foundation of special education students' instructional program. In an effort to determine the effectiveness of the IEP process, nine school districts in Santa Clara County are participating in a study designed to provide this information. It is being conducted by the Office of the Santa Clara Superintendent of Schools through a grant from the California State Department of Education. Trained members of the study team will be observing selected students, examining their school records and interviewing the school staff who serve the student. They will focus on the contents of the student's IEP and the extent to which it is being implemented as written.

With your permission, your child will be selected to participate in the study. As described above, this will involve classroom observation by a study staff member, interviews with school staff about their role in the IEP, and your completion of a short questionnaire. The information collected will be reported only after the responses are combined. Individual names will not be used nor will individual information be published.

Please indicate whether your child can participate by circling the appropriate choice on the form below and returning it to school tomorrow.

If you have any questions, please call _____, IEP Study Coordinator, at ____-____.

Thank you for your cooperation.

Sincerely yours,

STUDENT PERMISSION FORM

Student's Name

I do do not consent to my child's participation in the IEP Study.

Parent/Guardian Signature

Date _____

Reminder #1

REMINDER

Just a reminder that we have not received your completed IEP Study Parent/Guardian Questionnaire. Although Friday is the deadline, it would be very helpful if you could return it tomorrow.

Thanks for your help.

Reminder #2

TOMORROW IS THE DEADLINE

Friday is the deadline for returning your completed IEP Study Parent/Guardian Questionnaire. This is your chance to let us know your opinions about the IEP Process for special education students. Please let us know how you feel by returning your survey tomorrow.

We really need and appreciate your help.

Thanks.

Reminder #3

TIME IS RUNNING OUT

Did you forget to return your IEP Parent/Guardian Questionnaire? Finding out your opinions is really important in order to make sure all points of view are represented. While today was the deadline, we will still be glad to get your survey on Monday.

Please return it then.

Thanks for your cooperation.

Reminder #4

LAST CHANCE

We really want to know how you feel about school programs and services for special education students. Tomorrow is absolutely the last day we can include your opinions in the final results. PLEASE COMPLETE YOUR IEP STUDY PARENT/GUARDIAN QUESTIONNAIRE AND RETURN IT TO SCHOOL TOMORROW.

Thank you very much.

APPENDIX D

Field Study Summary

The Office of the Santa Clara County Superintendent of Schools, Division of Special Schools and Services -- Planning, Evaluation and Development Unit, was awarded a California State Department of Education Special Study Grant in the 1980-81 school year. This grant was provided to develop and field-study a model to evaluate the individualized education programs (IEPs) process for students enrolled in special education programs and services. (See Figure 3). The special study team worked with nine school districts in Santa Clara County to create a meaningful model, Individualized Education Program Monitoring Analysis Plan (IEP MAP), that would be useful and purposeful for your district and the children you serve.

Figure 3. Design of the Study

Development of data collection instruments	Review by a team of experts	Pilot Study	Data Collection
--	-----------------------------------	--------------------	--------------------

An advisory team of parents of special education students, program specialists, teachers, and administrators assisted in the development of IEP MAP by reviewing existing materials and reviewing instruments created by the research team. A second advisory team of three experts from the special education field also assisted by reviewing the data collection instruments. Members of the second team represented expertise in the areas of research, survey design, evaluation, IEPs, and PL 94-142. Both advisory teams reviewed materials developed for two types of data collection: (1) record review and (2) interview and questionnaire. Data summary forms were developed to assist with matching analysis of the data collected. A pilot study was conducted prior to the actual field study to test methods and instruments. Trained members of the field study team interviewed and sent questionnaires to teachers, parents, specialists, and students (where appropriate), and reviewed student records (including 90 IEPs) to assess the IEP process and determine if information could be

obtained by these methods which would be useful to educators in determining the adequacy of the process of identifying the need for followup. The field study did not evaluate individual teachers, the instructional program, or student progress, but rather, evaluated the instrumentation and process for gathering data to evaluate the IEP process through review of existing documentation and reports by service providers, parents, and students.

Research Questions

Primary questions addressed by this study were:

1. Is there congruence among the IEP assessment; IEP objectives; IEP services, materials, and equipment; implemented program services, materials, and equipment for special education students?
2. When IEPs are written by multidisciplinary teams, is there more or less congruence among the factors of IEP assessment; IEP objectives; IEP services, materials, and equipment; and implemented program services, materials, and equipment than when IEPs are written by annual review teams?
3. Do the compliance and quality characteristics of IEPs written by multidisciplinary teams differ from the compliance and quality characteristics of IEPs written by annual review teams?
4. Do the opinions of service providers, parents, and students concerning the IEP differ according to the type of team which had written the IEP?
5. Do the five demographic variables of number of members on the IEP writing team; types of specialists represented on the writing team; type of handicapping condition; age level; and ethnicity of the student affect the characteristics of the IEP and/or the opinions of services providers?

The basic purpose of the field study was to test the instruments and establish validity and reliability in answering these research questions.

Procedures

Instruments were designed to obtain similar types of information from multiple sources. The information included assessment, student objectives and needs, and services provided as indicated on the IEP; review of records and classroom materials; and reports by service providers, parents, and students where appropriate. Data were collected, recorded, and analyzed by using investigation, interview, and record review instruments. Data summary forms provided matching data that were used to answer the research questions one through four.

To assure a high rate of response data collectors visited school sites and administered questionnaires, interviews, observations of materials available in classrooms, and record reviews. They investigated IEPs and implemented programs. Data collector bias was lessened by having them complete questionnaires, interviews, and observations before reviewing the IEP and assessment information in the students' records. Information was recorded using a structured format to allow matching comparisons of the data collected. Responses were reported in summary statements as well as by individual item. Items were included within the instruments to examine possible factors which might have accounted for the results obtained.

One hundred-eight students from Santa Clara County were randomly selected from nine participating school districts for examination of their IEPs. The sample was stratified by age level (elementary and secondary), major area of handicap (communicatively, physically, learning, and severely), and date of placement in special education. Parent permission was obtained for the 90 students who participated in the study. Following the development of the instrumentation and the pilot study activities, the data was collected during a six-week period. Data was then analyzed to answer the research questions.

Analysis

Eleven composites were formed to reduce the data from four instruments to facilitate the interpretation of data. Individual item scores were

used to compare with the composite scores as well as to report item results. Results were compared within instruments and across instruments. Matches and no matches were compared for pairs of indexed characteristics as well as by type of IEP.

Difficulty in obtaining parent permission reduced the sample from 108 to 90 students. Replacement students were selected until the available population was exhausted. The low incidence of the severely handicapped in the general population led to a very small number of severely handicapped students in the sample. Other variations in the descriptions of the sample occurred because of differentiation in the information provided from the district office records and the actual situation found at the school site. Examples would include differences in the type of handicap, where the district indicated one type of handicap, and placement or assessment identified another type of handicap. The 90 students selected yielded questionnaires and interviews from 209 service providers, 52 parents, and 12 students, and data from 117 IEPs and descriptions of 90 implemented programs.

The amount of information was reduced by creating reliable composites (scales) within each record review and investigation instrument. Table 3 shows that almost all the reliability coefficients resulting from the Internal Consistency Reliability Analyses for all the scales within every instrument are satisfactory. Fourteen of 17 reliability coefficients are 0.70 or greater. The other 3 reliability coefficients are all above 0.61. These moderate to high reliability coefficients suggest that each of the scales includes a homogeneous set of items, i.e., items within each scale are measuring the same construct. Therefore, the use of these scales (rather than individual items) in the subsequent analyses is justifiable. In addition, the examination of the scale means and standard deviations showed that there is across-subject variability in scores on each scale. This indicates that the scales can detect between-subject differences. Since the scale means are well below the maximum possible score for each scale, the scales don't demonstrate the problem of a "ceiling effect" (e.g., most respondents answering every item in the most favorable way). Almost all the item-total correlations are positive. That is, a high score on any one item is related to a high score on the total scale; items within each scale discriminate among subjects in a consistent direction.

TABLE 3

Results of Internal Consistency Reliability Analyses of Scales within Each Record Review and Investigation Instrument

Instrument	Scale	Number of Items	Maximum Possible Score	Scale Mean	Scale S.D.	Alpha Reliability Coefficient
Service Provider Questionnaire (n=209)	IEP Process	7	23	12.91	7.52	.86
	IEP Implementation	4	19	12.97	5.01	.66
	IEP Total	11	42	26.88	11.67	.85
Compliance Review (n=90)	IEP Statements	9	27	23.48	3.53	.71
	IEP Members	4	4	2.57	.97	.61
	Compliance Total	14	32	26.49	3.95	.70
Quality Review (n=90)	IEP Assessment	5		10.43	5.43	.73
	IEP Services	4	18	14.39	4.10	.83
	IEP Goals	7	35	26.52	7.85	.86
	Quality Total	16		51.34	13.44	.86
Multidisciplinary Team Assessment Review (n=90)	Team Total	3	17	4.66	3.03	.93
Student Interview (n=12)	IEP Process	7	19	12.82	3.75	.66
	IEP Implementation	6	22	14.25	7.24	.87
	IEP Total	11	39	22.00	7.52	.78
Parent/Guardian Questionnaire (n=52)	IEP Process	5	22	15.96	5.53	.73
	IEP Implementation	2	10	7.98	2.84	.98
	IEP Total	7	32	23.94	7.93	.86

Note. Items with zero variance were not included in the computation of the reliability coefficient.

The Pearson Product Moment Correlation matrix of every scale with every other scale indicated that the correlations of scales within instruments were generally larger than the correlations of scales across different instruments. This was to be expected, because the same respondents and raters completed the same scales within any set of instruments, but different raters completed the scales across different instruments. Although some of the correlations of scales within an instrument are statistically significant, the absolute magnitude of these correlations is small enough to justify the use of separate scales, i.e., the scales within an instrument are measuring something different (e.g., the Compliance Review Statements scale correlates 0.31 with the Compliance Review Members scale). This correlation is statistically significant, yet small enough (much less than the square root of the reliability of either instrument) to maintain statements and members as two separate scales. The Service Provider Questionnaire scales show near zero correlations with the Compliance Review and Quality Review, indicating that the opinions of the service providers about the IEP process and IEP implementation bear little relation to the objective evidence in the student's file. The Compliance Review and Quality Review scales are moderately to highly related.

The Stepwise Multiple Regression was used to identify the smallest set of scales that are maximally related to the total percent of matches. The matrix shows that the single best predictor of total matches is the goals scale of the Quality Review (i.e., those seven items that describe the adequacy of the goals and objectives for the student and how well they have been specified). All the correlations of scales with total matches are positive, except the correlations of the team total scale of the Multidisciplinary Team Review with total matches and the members scales of the Compliance Review scale with the total matches. These negative correlations were near zero and not statistically significant.

When the predictor variables (scales) are entered in the order described, the results in Table 4 suggest that the Quality Review and Compliance Review scales alone account for most of the variance in total matches. The values in the "R Square" column are directly interpretable as the proportion of variance in the criterion variable (total matches)

accounted for by the predictor variables (scales). The Compliance Review scales account for 12% of the variance; the Quality Review scales account for an additional 18% of the variance; and all the other instruments combined account for only an additional 1% of the variance. All the instruments except the Compliance Review and Quality Review instruments could be dropped without losing any significant or unique information about the IEP process or IEP implementation. The Quality Review instrument, specifically the goals scale, is a better predictor of total matches than the Compliance Review instrument.

TABLE 4

TOTAL % MATCHES BY SOURCE SUMMARY TABLE

COMPOSITE ^a	MULTIPLE	R	R SQUARED	SIMPLE	
	R	SQUARED	CHANGE	R	BETA
COMPLIANCE REVIEW STATEMENTS	0.32	0.11	0.11	0.32	0.14
COMPLIANCE REVIEW MEMBERS	0.34	0.12	0.01	-0.03	-0.07
QUALITY REVIEW ASSESSMENT	0.34	0.12	0.00	0.21	-0.02
QUALITY REVIEW SERVICES	0.34	0.12	0.00	0.19	-0.14
QUALITY REVIEW GOALS	0.55	0.31	0.19	0.53	0.53
MA TEAM REVIEW TEAM TOTAL	0.55	0.31	0.00	-0.04	-0.05
SERVICE PROVIDERS TOTAL MEAN ON SPQ TOTAL	0.56	0.31	0.00	0.07	0.14
PARENT PROCESS	0.56	0.31	0.01	0.09	0.09
SERVICE PROVIDERS PROCESS MEAN ON SPQ IEP PROCESS	0.56	0.31	0.00	0.04	-0.10

^aRegression analysis is based on a sample size of 50. The first two composite scales entered the regression equation first, then the next three. A correlation of coefficient of .27 or greater is significant at the .05 level.

Conclusions

Eleven composites were formed from four instruments to reduce the data in order to facilitate the interpretation of data. The 90 students participating yielded questionnaires and interviews from 209 service providers, data from 117 IEPs, and descriptions of 90 implemented programs. Fourteen of 17 reliability coefficients were 0.70 or greater. The other three reliability coefficients were all above .61. Quality Review and Compliance Review scales alone account for .69% of the variance in total matches which makes them potentially the most useful scales out of the 17 data collection scales used.

The congruences among the factors of IEP assessment; IEP objectives; IEP services, materials, and equipment; and implemented program services, materials, and equipment was reported as 69.4% total match. The match between IEP Assessment and IEP Objectives was found to be 60.3%, while the

Conclusions

Eleven composites were formed from four instruments to reduce the data in order to facilitate the interpretation of data. The 90 students participating yielded questionnaires and interviews from 209 service providers, data from 117 IEPs, and descriptions of 90 implemented programs. Internal Consistency Reliability Analyses for all the scales within every instrument were satisfactory. Fourteen of 17 reliability coefficients were 0.70 or greater. The other 3 reliability coefficients were all above .61. Quality Review and Compliance Review scales alone account for most of the variance in total matches. The Compliance Review scales account for 12% of the variance; the Quality Review scales account for an additional 18% of the variance; and all the other instruments combined account for only an additional 1% of the variance.

The congruences among the factors of IEP assessment; IEP objectives; IEP services, materials, and equipment; and implemented program services, materials, and equipment was reported as 69.4% total match. The match between IEP Assessment and IEP Objectives was found to be 60.3%, while the match between IEP Objectives and IEP Services/Materials/Equipment was 70.9%. This discrepancy was significant at the 0.05 level.

When IEPs written by multidisciplinary teams and annual review teams are compared, in every factor matched the annual review team percentage was higher. For two factors matched, Objectives by Program Services/Materials/Equipment and IEP Services/Materials/Equipment by Program Services/Materials/Equipment, the differences between the multidisciplinary team and the annual review team scores were statistically significant at the 0.02 level.

Compliance and quality characteristics of IEPs written by multidisciplinary teams differed from the compliance and quality characteristics of IEPs written by annual review teams. Mean scores reported for the separate t-tests show that for every Compliance Review and Quality Review characteristic, the average scores for the annual review teams were higher than those for the multidisciplinary teams. The mean differences between multidisciplinary teams and annual review teams were statistically significant at the 0.02 level or higher for the

Compliance and Quality Review characteristics of: (1) the statements scale of the Compliance Review (which records information about whether the IEP includes complete, partial, or no statements about the student's present level of performance, long-range goals, duration of services, etc.), (2) the Compliance Total Scale, and (3) the number of services to be provided from the Quality Review instrument. Discriminating variables allow the correct identification of the type of team writing the IEP with 70% predictability.

There were statistically significant differences in opinions among the groups of service providers on all three Service Provider Questionnaire scales. Resource specialists and speech and language specialists had the highest means on all three scales. Regular education teachers were consistently among the lowest scores on all three scales. For the process scale, Special day class teachers, resource specialists and speech specialists had means significantly higher at the 0.05 level than regular education teachers. No significant difference was noted in the opinions of service providers, parents, and students. Parent scores tended to be slightly higher than most student and service provider scores. Positive opinions were reflected in all mean scores.

The data indicated that the demographic variables of number of IEP team members, types of specialists represented on the team; type of handicapping condition, age, and ethnicity of the student did not affect the IEP characteristics or the opinions of service providers.

APPENDIX E

Sample IEPs

School Year 1977-78

Name of District/Unit _____

Please ☒ Planning Conference
Check ☐ Evaluation ConferenceSANTA CLARA COUNTY
HOME/SCHOOL PLANNING/EVALUATION CONFERENCEName John # _____ Birthdate 9/25/75 Date: 10/12/77 / Native Language EnglishPreschool / Visually Impaired Staff Member _____ District of _____
Grade/Level _____ Program _____ Site _____ Residence _____

I. Date	Method of Assessment	II. Skill/Subject Area		III. Present Level of Educational Performance
		No.	Title	
9/17/77	Initial Process Assessment Kit	A1	Communication skills	Localizes sounds, voices, knows functions of common objects. Follows simple directions; imitates motor actions (blowing); expressively labels several objects; asks "What's this"; intentional searches; cries in resistance to activity.
9/29/77	Teacher observation and class records.	B1	Fine Motor	Manipulates crayon, paint brush, pegs, puzzles with assistance.
9/29/77	Teacher observation and class records.	D3	Orientation/Mobility	Moves independently in class, on playground, to and from bus, uses vision to go to specific places.
10/4/77	Teacher observation.	B32	Visual Functioning	Moves objects to eyes to identify; avoids large obstacles in path, beginning to identify simple object outlines 2-5" in size.
10/5/77	Maxfield-Buchholz Scale	D11	Eating	Uses spoon with assistance, drinks from cup; some spilling when placing cup on table.
10/5/77	Maxfield-Buchholz Scale	D13, 14	Dressing/Undressing	Removes coat, socks, shoes independently; puts on coat, shirt, shoes and socks with assistance; assists in pulling up/pulling down pants.
10/5/77	Maxfield-Buchholz Scale	D12	Toileting	Wears diapers; washes and dries hands/face with assistance.
10/6/77	Maxfield-Buchholz Scale	C1-3	Social/Emotional Growth	Initiates own play activities by exploring and examining objects; engages in parallel play; participates in group songs for short periods; requires some supervision while sitting in small group activity.

IV. Long Range Goal: Placement in regular kindergarten class with Visually Impaired Services to be determined at later date.V. Projected dates of the I. E. P. From 10/12/77 To 6/78
Date Date

INDIVIDUAL EDUCATIONAL PROGRAM REPORT FORM
SUMMARY OF PRIORITY GOALS AND PERFORMANCE RECORD

PUPIL
NAME John

FORM B

School Year 1977-78

Birthdate 9/25/75

Staff Member _____

Curriculum Skills/Subject	# D14 Dressing	# B36 Visual Discrimination	# C65 Follows Directions									
Annual Goals	# D14.1 Will put shoes on proper feet independently.	# B36.1 Will visually discriminate objects, colors, shapes and pictures.	# C65.1 Will follow 1- and 2 step directions.									
Short-Term Measurable Objectives	# D14.1.1 When seated on the floor, on request will put shoes on over heels after shoes have been placed near that position by adult within 5 minutes in 5 of 5 consecutive trials. D14.1.2...*will put shoes on over soles... D14.1.3...will put shoes on over toes... D14.1.4...will put shoes on proper feet independently within 5 minutes in 4 of 5 consecutive trials.	# B36.1.1 On request, will identify 6 of 8 specific common objects (ex: ball, block, cup, etc.) by name in 3 of 5 consecutive trials. B36.1.2...will discriminate primary colors (red, yellow and blue) by naming 6 of 8 upon presentation in ... B36.1.3...3 basic shapes by... B36.1.4...selected black and white 2" - 5" pictures by ...	# C65.1.1 Models simple behavior with adult help when shown procedure within 2 minutes in 4 of 5 consecutive trials. C65.1.2 Given verbal command, models simple behavior with adult help with-in... C65.1.3...models simple 1-step behavior independently within... C65.1.4...follows 1-step direction...									
		(over)	(over)									
Assessment Criterion	100%	100%	100%	80%	60%	60%	60%	60%	80%	80%	80%	80%
Objective No.	Obj. 1	Obj. 2	Obj. 3	Obj. 4	Obj. 1	Obj. 2	Obj. 3	Obj. 4	Obj. 1	Obj. 2	Obj. 3	Obj. 4
Testing Date	10/4 11/11 11/23 12/5	12/4 12/6 1/13	1/2 1/27 2/4 2/23	2/5 3/22 4/9 5/29	10/13 11/17 1/25 3/10	10/17 12/6 1/27 3/22	10/20 1/10 2/24 4/9	10/21 11/25 1/27 3/23	10/14 11/7 1/18 12/6	12/1 1/4 1/6 1/27	2/5 2/16 2/23 3/9	3/9 3/21 4/2 4/21
Percent Achievement of Objectives	0 20 60 100	0 40 60 100	0 40 60 100	0 50 70 100	0 30 60 100	0 30 60 100	0 60 100	0 60 100	0 50 100	0 70 100	0 70 100	0 70 100
Comments	1/6 1/5 1/6 1/5	1/6 1/5 1/5	1/6 1/6 1/6 1/6	1/4 1/4 1/4 1/4	1/6 1/5 1/5 1/5	1/5 1/5 1/5 1/5	1/5 1/5 1/5 1/5	1/5 1/5 1/5 1/5	1/4 1/4 1/4 1/4	1/4 1/4 1/4 1/4	1/4 1/4 1/4 1/4	1/4 1/4 1/4 1/4

S copies: Original - File; Goldwood - Central Office; Green - Parent (Annual); Pink - Parent (Mid-Year); Yellow - Parent (Initial)

September 1978

VI. INDIVIDUAL EDUCATIONAL PROGRAM REPORT FORM
SUMMARY OF PRIORITY GOALS AND PERFORMANCE RECORD

PUPIL

NAME John

FORM B

School Year 1977-78

Birthdate 9/25/75

Staff Member _____

Curriculum Skills/Subject	# APE	# B36 Visual Discrimination(cont'd.)	# C65 Follows Directions (cont'd.)
Annual Goals	#	# B36.1 (cont'd.)	# C65.1 (cont'd.)
Short-Term Measurable Objectives	#	# B36.1.5...selected colored 2"-5" pictures by...	# C65.1.5...models simple 2-step behavior independently... C65.1.6...follows 2-step directions within 2 minutes in 3 of 5 consecutive trials.

Assesment Criterion					60%					80%	60%		
Objective No.	Obj. 1	Obj. 2	Obj. 3	Obj. 4	Obj. 1	Obj. 2	Obj. 3	Obj. 4	Obj. 1	Obj. 2	Obj. 3	Obj. 4	
Testing Date					1/10 3/21 5/4 6/1				3/14 3/23 4/9 4/27	5/3 5/6 5/26 6/2			
100													
80													
60													
40													
20													
0													
Comments					1/10 3/21 5/4 6/1				3/14 3/23 4/9 4/27	5/3 5/6 5/26 6/2			

School Year 1977-78SPECIAL EDUCATION Santa Clara County
Name of District/Unit

FORM C

SANTA CLARA COUNTY
HOME/SCHOOL PLANNING/EVALUATION CONFERENCEName John # Birthdate 9/25/75 Program Preschool Visually Impaired Date 10/12/77

VII. Related Special Education services to be provided, e.g., Remedial Lang./Speech, Adapted Physical Ed., Vocational Ed., etc.

Special Education Services	Specialist	Start Date	End Date	Staff Comments: e.g., date terminated, frequency of service, reasons
Adapted PE		11/77	6/78	15 minutes per session, 2 times a week to enhance motor skills.

VIII. State % of time in placement: Special Education ☒ 100 % Regular ☐ % Vocational ☐ % Other ☐ %IX. Rationale for program placement: Early intervention to provide intensive remediation of visual impairment.

X. INITIAL PLANNING CONFERENCE		OPTIONAL INTERIM CONFERENCE		ANNUAL EVALUATION CONFERENCE	
We the undersigned agree with the Individual Education Plan for the above named pupil. (The I. E. P. is comprised of the information on forms A, B, & C.)		We the undersigned agree with the Individual Education Plan for the above named pupil. (The I. E. P. is comprised of the information on forms A, B, & C.)		We the undersigned have met and discussed the annual report for the above named pupil. (The I. E. P. is comprised of the information on forms A, B, & C.)	
10/12/77					
Parent/Guardian	Date	Parent/Guardian	Date	Parent/Guardian	Date
	10/12/77				
Teacher	Date	Teacher	Date	Teacher	Date
	10/12/77				
Administrator/Designee	Date	Administrator/Designee	Date	Administrator/Designee	Date
Pupil	Date	Pupil	Date	Pupil	Date
Other	Date	Other	Date	Other	Date
Other	Date	Other	Date	Other	Date

5 copies: Original - File; Goldenrod - Central Office; Green - Parent(Annual); Pink - Parent(Mid-Year); Yellow - Parent(Initial)

September, 1978

School Year 1977-78

Name of District/Unit

Please ☒ Planning Conference
Check ☐ Evaluation ConferenceSANTA CLARA COUNTY
HOME/SCHOOL PLANNING/EVALUATION CONFERENCEName Stephen Michaels

#

Birthdate 2/14/69Date: 9/23/77 /Native
Language English

Elementary / EH /

Simmons

Staff Member Alice Jones

(Planning)

(Evaluation)

District of
Residence Oswanee

Grade/Level

Program

Site

District of
Residence

I. Date	Method of Assessment	II. Skill/Subject Area		III. Present Level of Educational Performance
		No.	Title	
9/12/77	Wide Range Achievement Test	A81	Decoding/Sight words	Reading 1.2 grade level
		A111	Spelling	Spelling 1.2 grade level
		A212	Number Concepts	Math 2.7 grade level
9/5				
9/15/77	Teacher Observation	B38	Laterality	Reverses digits 2, 3, 4, 5, 9
	" "	C14	Attending skills	Attends to task 3 min. without adult supervision.
9/20/77	Illinois Test of Psycho- linguistic Ability	A32 & A33	Visual and Auditory Perception	Auditory reception is delayed (6-5). Visual reception is closer to age level (7-8). Comprehension of single words is two years below chronological age.
9/21/77	Purdue Visual Motor Survey	B38 & B53	Laterality and Eye- Hand Coordination	Copies squares, circles, triangles, and diamond shapes from models. Hand dominance not yet established.

IV. Long Range Goal: Transition to regular classroom.

V. Projected dates of the I. E. P.

From 9/28/77 To 9/78
Date Date

3 copies: Original - File, Yellow - Central Office, Pink - Parents

September, 1978

VE INDIVIDUAL EDUCATIONAL PROGRAM REPORT FORM
SUMMARY OF PRIORITY GOALS AND PERFORMANCE RECORD

PUPIL NAME Stephen Michael # FORM B
Birthdate 2/14/69 Staff Member Rick Lee, RLS Specialist

School Year 1977-78

Curriculum Skills/Subject	# A60 Vocabulary	#	#
Annual Goals	# A60.1 Steve will use 20 adjectival opposites.	#	#
Short-Term Measurable Objectives	# A60.1.1 Upon presentation of visual and auditory stimuli, responds with 10 adjectival opposites on 4 consecutive trials. A60.1.2 Upon ..., responds with 10 adjectival opposites additional to those above in 4 consecutive trials. A60.1.3 Upon presentation of auditory stimuli only, responds with the 20 adjectival opposites established above in 3 of 4 consecutive trials.	#	#

Assessment Criterion	100%	100%	75%									
Objective No.	Obj. 1	Obj. 2	Obj. 3	Obj. 4	Obj. 1	Obj. 2	Obj. 3	Obj. 4	Obj. 1	Obj. 2	Obj. 3	Obj. 4
Testing Date	9-30	10-21	11-11	11-22	12-13	1-18	2-16	2-28	3-13	3-30	4-27	5-22
Percent Achievement of Objectives	100	100	75									
Comments	100 100 75 100 100 75 100 100 75 100 100 75 100											

VI. INDIVIDUAL EDUCATIONAL PROGRAM, REPORT FORM
SUMMARY OF PRIORITY GOALS AND PERFORMANCE RECORD

PUPIL NAME Stephen Michaels

FORM B

School Year 1977-78

Birthdate 2/14/69

Staff Member Jim Stern, APE Specialist

Curriculum Skills/Subject	* B12 Eye-hand Coordination	*	*
Annual Goals	* B12-1 Steve will make perceptual judgements in manual tasks.	*	*
Short-Term Measurable Objectives	* B12.1.1 Upon request, bounces and catches an 8½" ball on the first bounce with 2 hands, 5 of 5 times in 3 of 4 consecutive trials. B12.1.2 Upon request, drop with one hand and catch a tennis ball with two hands, 5 of 5 times in 3 of 4 consecutive trials. B12.1.3 Upon request, catches an 8½" ball with straight arm, palms up, tossed from 5', 5 of 5 times, in 3 of 4 consecutive trials.	*	*

Assessment Criterion	75%	75%	75%									
Objective No.	Obj. 1	Obj. 2	Obj. 3	Obj. 4	Obj. 1	Obj. 2	Obj. 3	Obj. 4	Obj. 1	Obj. 2	Obj. 3	Obj. 4
Testing Date	9-29	10-21	11-29	12-13	1-18	2-10	2-28	3-20	4-5	4-24	5-5	5-21
Percent Achievement of Objectives	60	30	60	30								
Comments	3/3 4/3 4/3 3/3 3/3 4/3 3/3 3/3 3/3 3/3											

VI. INDIVIDUAL EDUCATIONAL PROGRAM REPORT FORM
SUMMARY OF PRIORITY GOALS AND PERFORMANCE RECORD

PUPIL NAME Stephen Michaels FORM B
 Birthdate 2/14/69 Staff Member Alice Jones

School Year 1977-78

Curriculum Skills/Subject	# C14 Attending Skills	# B15 Writing Manuscript	# A212 Number Concepts
Annual Goals	# C14.1 Steve will stay on task during work periods.	# B15.1 Steve will form manuscript numbers from a written model.	# A212.1 Steve will demonstrate math computation skills at a third grade level.
Short-Term Measurable Objectives	# C14.1.1 With teacher reminders, remains seated in his chair for 15 consecutive minutes during work period for 6 consecutive work periods. C14.1.2 Without teacher reminders, remains seated in his chair for 15 consecutive minutes during work period for 6 consecutive work periods. C14.1.3 With teacher reminders, remains seated in his chair and works on his assigned task for 15 consecutive minutes during work period for 5 of 6 consecutive work periods. C14.1.4 Without teacher reminders, ...and works on his assigned task for ...for 5 of 6 consecutive work periods.	# B15.1.1 Fills in correctly 10 half-completed 1" manuscript numbers within 8 minutes in 7 of 8 consecutive trials. B15.1.2 Fills in correctly 20 half-completed 1" manuscript numbers within 10 minutes in 7 of 8 consecutive trials. B15.1.3 Given 2" models, forms in the correct directions 10 numbers within 15 minutes in 4 of 5 consecutive trials. B15.1.4 Given 2" models, forms in the correct directions and with correctly proportioned parts 10 numbers within 15 minutes so they are identifiable to the teacher in 4 of 5 consecutive trials.	# A212.1.1 Adds 100 sets of two single digit numbers (40 correct=50%) A212.1.2 Adds 50 sets of two double-digit numbers requiring carrying to the tens column (9 correct=20%) A212.1.3 Subtracts 100 sets of two single digit number (40 correct=50%) A212.1.4 Subtracts 50 sets of two double-digit number (9 correct=20%)

...denotes
no change in
wording

Assessment Criterion	100%	100%	83%	83%	88%	88%	80%	80%	80%	90%	80%	90%
Objective No.	Obj. 1	Obj. 2	Obj. 3	Obj. 4	Obj. 1	Obj. 2	Obj. 3	Obj. 4	Obj. 1	Obj. 2	Obj. 3	Obj. 4
Testing Date	9-27 9-28 11-29 12-13	12-16 1-13 2-21 2-28	3-2 3-17 3-30 4-6	4-7 4-24 5-2 5-18	9-30 10-10 10-28 11-9	1-11 1-24 12-14 1-18	1-20 2-16 2-28 3-3	3-7 3-24 4-5 4-27	10-5 10-21 10-30 11-8	11-11 11-22 12-16 1-19	1-27 2-10 2-24 3-7	3-13 3-20 4-27 5-22
Percent Achievement of Objectives	100	100	83	83	88	88	80	80	80	90	80	90
Comments	X X X X X X X X X X X X X X X X				X X X X X X X X X X X X X X X X				X X X X X X X X X X X X X X X X			

(NUMBER OF PROBLEMS CORRECT)

Source: Original - File - Continued - Central Office - Group - Parent (Annual) - Sub - Parent (Mid-Year) - New - (Initial)

104

105
105

School Year 1977-78

SPECIAL EDUCATION

Consent

FORM C

Name of District/Unit

SANTA CLARA COUNTY
HOME/SCHOOL PLANNING/EVALUATION CONFERENCE

Name Stephen Michaels # Birthdate 2/14/69 Program FH/Simmons Date 9/23/77

VII. Related Special Education services to be provided, e.g., Remedial Lang./Speech, Adapted Physical Ed., Vocational Ed., etc.

Special Education Services	Specialist	Start Date	End Date	Staff Comments: e.g., date terminated, frequency of service, reasons
Adapted Phys. Ed.	Jim Stern	9/77	6/78	3 times per week, 30 minutes each
Language/Speech	Rick Lee	9/77	6/78	2 times per week, 45 minutes each

VIII. State % of time in placement: Special Education ☒ 80 % Regular ☒ 20 % Vocational ☐ % Other ☐ %

IX. Rationale for program placement: Least restrictive environment in which to provide intensive remediation to address academic deficits caused by perceptual difficulties.

X. INITIAL PLANNING CONFERENCE	OPTIONAL INTERIM CONFERENCE	ANNUAL EVALUATION CONFERENCE
We the undersigned agree with the Individual Education Plan for the above named pupil. (The I. E. P. is comprised of the information on forms A, B, & C.) <i>Stephen Michaels 9/23/78</i>	We the undersigned agree with the Individual Education Plan for the above named pupil. (The I. E. P. is comprised of the information on forms A, B, & C.)	We the undersigned have met and discussed the annual report for the above named pupil. (The I. E. P. is comprised of the information on forms A, B, & C.)
Parent/Guardian <i>Alison Jones 9-23-78</i> Date	Parent/Guardian Date	Parent/Guardian Date
Teacher <i>Arthur Landrum 9/23/78</i> Date	Teacher Date	Teacher Date
Administrator/Designee Date	Administrator/Designee Date	Administrator/Designee Date
Pupil Date	Pupil Date	Pupil Date
Other Date	Other Date	Other Date
Other Date	Other Date	Other Date

INDIVIDUALIZED EDUCATION PROGRAM FOR SPECIAL EDUCATION

FORM A

Date _____ Name of District/Unit/SES, Santa Clara County _____
 Date of 3-Year Assessment _____ ID # _____ Birthdate _____ Dominant Language _____
 Name _____ Responsible Staff Member _____ Home _____ Pupil _____
 Grade/Level _____ Program _____ TMR _____ Dist. of Residence _____
 (Current Placement)

Educational Performance
and Long Range Planning

I Curriculum Area II Present Level of Educational Performance

Each of the following areas should be addressed if applicable: Academics; Perceptual Skills; Social/Emotional Growth; Language/Communication; Motor Development; Self-Help Skills; Career/Vocational Education.

Grammatical system	Assessment Method: PPVT, WRAT, Bender Gestalt, Leiter Attempts to name object desired; attempts to make single-word utterances.
Written language	Prints full name and telephone number.
Gross Motor	Catches tennis ball from 8 feet; throws softball overhand at target, 15 feet; kicks 8 1/2-inch ball from 10 feet.
Attending skills	Independently completes task within broad time limits.
Home Maintenance	Uses vacuum cleaner on floors; dusts furniture; multiple folds odd shaped clothing; mends simple tear in clothing.
Number concepts	Counts orally to 10; counts out 10 objects, reads numerals to 10; writes numerals to 10.
Prevocational training	Collates printed materials; gathers 6-10 items and packages, sorts like items with specified defects.
Phonemic system	Able to produce most consonants and vowels in isolation. Placement problem with bilabial consonants. In spontaneous speech, difficulty with medial and final position omissions, substitutions and distortions. Difficulty with consonant blends. Vowel production is often soft and of short duration.
Vocabulary	Raw Score 37 (Peabody Picture Vocabulary Test)
Syntactic system	Able to understand most sentences with two and three critical elements. Some difficulty understanding four element sentences. Able to speak in single words and 2-4 word sentences and phrases.

III Summary of Pupil Strengths to be Emphasized _____
 IV Summary of Pupil Weaknesses for Assistance _____
 V Long Range Goal sheltered workshop
 VI Plan to Meet Graduation Standards or Exit/Transition Provisions _____

199

INDIVIDUALIZED EDUCATION PROGRAM FOR SPECIAL EDUCATION

FORM

Description of Specially Designed Instructional Program

Date of IEP From _____ to _____

Please Check: ☐ Initial IEP ☐ Annual Review ☐ Other

Name of District/Unit/SE SR, Santa Clara County

Name _____ ID # _____ Birthdate _____ Program _____ Site _____

VII Specially designed areas of program: Unique Curricular Needs; Special Equipment/Materials; Career/Vocational Education; Physical Education; IES/NIS; Related Services/DIS; Extended Year; etc.

Special Education Program/Services/Materials	Type of Staff Specialist	Specific Description: e.g. brief statement of what will be provided, and dates, if different from date of IEP
Special Day Class (TMR)		
APE		
RLS		

VIII Hours per week by setting: Special Education 30 Regular 0 Others (specify) _____ Others (specify) _____

IX Rationale for program placement as least restrictive setting: Severity of handicap restricts integration

IEP CONFERENCE NUMBER ONE

We the undersigned participated in the IEP conference (All staff members must sign):

Parent/Guardian	Date	Teacher	Date	Other	Role	Date
Parent/Guardian	Date	Pupil	Date	Other	Role	Date
Administrator or designee	Date	Other	Role	Date	Other	Role

IEP CONFERENCE NUMBER TWO

We the undersigned participated in the IEP conference (All staff members must sign):

Parent/Guardian	Date	Teacher	Date	Other	Role	Date
Parent/Guardian	Date	Pupil	Date	Other	Role	Date
Administrator or designee	Date	Other	Role	Date	Other	Role

4 copies: Original, File, Yellow, Parent, Pink, District, Goldenrod, Other

September 1979 (209)

INDIVIDUALIZED EDUCATION PROGRAM FOR SPECIAL EDUCATION

FORM C

Priority Goals and Objectives
(to carry out specially designed
instructional program)

Date of IFP From _____ to _____

Name of District/Unit/SES: Santa Clara County

Pupil Name _____ ID# _____ Birthdate _____

X Curriculum Area	XIII Short-Term Instructional Objectives (Conditions, stimulus, observable behavior, time limit, assessment criterion)	XIV Method of Evaluation (e.g. observation, standardized or criterion referenced test)	XV Performance Level of Objectives			
			Baseline Data	Retest Data	Retest Data	Retest Data
			Date	Date	Date	Date
USOI # _____ D.O.T. # _____	A32.1.1 Names object desired A32.1.2 Makes single word utterances using adjective A32.1.3 Makes single word utterances using verb A32.1.4 Makes single word utterances using possessive pronoun	Observation				
XI Annual Goal (Participant consensus as priority area)						
A32.1 Uses single words on own initiative	A57.1.1 Recognizes words associated with categorizing people by sex: men, women, boys, girls, ladies, gentlemen					
A57.1 Demonstrates receptive and expressive survival word recognition	A57.1.2 Recognizes words associated with walking and bicycling: stop, wait, walk, don't walk, ped. xing, danger keep out, go, keep off, caution	Observation				
XII Implementing Staff:						
X Curriculum Area	XIII Short-Term Instructional Objectives (Conditions, stimulus, observable behavior, time limit, assessment criterion)	XIV Method of Evaluation (e.g. observation, standardized or criterion referenced test)	XV Performance Level of Objectives			
			Baseline Data	Retest Data	Retest Data	Retest Data
			Date	Date	Date	Date
USOI # _____ D.O.T. # _____						
XI Annual Goal (Participant consensus as priority area)						
B32.1 Participates in organized team sports	B32.1.1 Demonstrates skills required to play softball B32.1.2 Demonstrates skills required to play kickball B32.1.3 Demonstrates skills required to play basketball B32.1.4 Participates in team sports on own initiative	Observation				
XII Implementing Staff:						

112

113

INDIVIDUALIZED EDUCATION PROGRAM FOR SPECIAL EDUCATION

FORM C

Priority Goals and Objectives
(to carry out specially designed
instructional program)

Date of IEP From _____ to _____

Name of District/Unit/SI/SR, Santa Clara County

Pupil Name _____ ID# _____ Birthdate _____

X Curriculum Area	XIII Short-Term Instructional Objectives (Conditions, stimulus, observable behavior, time limit, assessment criterion)	XIV Method of Evaluation (e.g. observation, standardized or criterion referenced test)	XV Performance Level of Objectives			
			Baseline Data	Retest Data	Retest Data	Retest Data
			Date	Date	Date	Date
USOI # _____ D.O.I. # _____	A32.1.1 Preposition in/on A32.1.2 Preposition over/under					
XI Annual Goal (Participant consensus as priority area)	A31.1.1 Uses increased vowel duration A31.1.2 Uses increased oral opening					
A32.1 Understands morphemes						
A31.1 Increased speech intelligibility	D18.1.1 Prepares sandwich independently D18.1.2 Uses furniture polish to dust furniture D18.1.3 Smooths bedding (tucked and aligned) D18.1.4 Sews on a button					
D18.1 Perform Specified home maintenance skills						
XII Implementing Staff:						
X Curriculum Area	XIII Short-Term Instructional Objectives (Conditions, stimulus, observable behavior, time limit, assessment criterion)	XIV Method of Evaluation (e.g. observation, standardized or criterion referenced test)	XV Performance Level of Objectives			
			Baseline Data	Retest Data	Retest Data	Retest Data
			Date	Date	Date	Date
USOI # _____ D.O.I. # _____	D37.1.1 Counts orally to 19 D37.1.2 Counts out 9 objects D37.1.3 Reads numerals, 2 places to 19 D37.1.4 Writes numerals to 19.					
XI Annual Goal (Participant consensus as priority area)						
D37.1 Count, read and write specified numerals	D53.1.1 Requests aid from instructors at appropriate times and in an acceptable manner D53.1.2 Initiates appropriate interaction with peers at appropriate times					
D53.1 Initiates appropriate interaction w/ others						
XII Implementing Staff:						

INDIVIDUALIZED EDUCATION PROGRAM FOR SPECIAL EDUCATION

FORM A

Date _____

Name of District/Unit/SESR, Santa Clara County

Educational Performance
and Long Range Planning

Date of 3-Year Assessment _____

Name _____ ID# _____ Birthdate 8-30-60 Dominant Language English / English LES/NES Yes _____ No _____

High School O.H. Blackford Responsible Staff Member _____ Home _____ Pupil _____ Dist. of Residence _____

Grade/Level _____ Program _____ Site _____
(Current Placement)

I Curriculum Area II Present Level of Educational Performance

Each of the following areas should be addressed if applicable: Academics; Perceptual Skills; Social/Emotional Growth; Language/Communication; Motor Development; Self-Help Skills; Career/Vocational Education.

Academics	P.I.A.I. - Mathematics 5.3, Reading Comprehension 2.7
Social/Emotional Growth	Has begun to realistically assess his abilities. He needs to work on his organizational skills in order to better focus and formulate goals.
Self-Help	Teacher Observation - self-help skills are good and are appropriate.
Language and Communication	P.I.A.T. - Reading Recognition 2.0, Spelling 2.7, has difficulty reading because of poor visual perception.
Motor Development	See A.P.E.
Career/Vocational	Has registered with the Department of Rehabilitation and has been exploring job possibilities.

III Summary of Pupil Strengths to be Emphasized Demonstrates appropriate social skills. His math reasoning skills are good and he is able to use a calculator.

IV Summary of Pupil Weaknesses for Assistance Perceptual skills continue to interfere with reading, spelling, and writing. Poor organizational skills affect assignment completion.

16 Long Range Goal Employment, pursue college in future

VI Plan to Meet Graduation Standards or Exit/Transition Provisions Will plan on "graduating" in June, 1981. He will receive a certificate of completion from Chandler Tripp School.

4 Original File; Yes _____ Parent _____ District _____ Denial _____ 1979 _____

117

Date of IEP From to

Please Check: Initial IEP Annual Review Other

Name of District/Unit/SE SR, Santa Clara County

Description of Specially Designed Instructional Program

Name ID # Birthdate 8-30-60 Program Site

VII Specially designed areas of program: Unique Curricular Needs; Special Equipment/Materials; Career/Vocational Education; Physical Education; IES/NIS; Related Services/DIS; Extended Year; etc.

Special Education Program/Services/Materials	Type of Staff Specialist	Specific Description: e.g. brief statement of what will be provided, and dates, if different from date of IEP
A.P.E.	A.P.E. Specialist	Group and individual recreational activities.
Transportation		Standard transportation to and from school during school hours.
P.T./O.T.	C.C.S. Specialist	On a consultation basis as prescribed by physician.
Counseling	Support Staff	Access to counseling as needed.
Special Day Class	Sp. Ed. Teacher	Special O.H. Day Class

VIII Hours per week by setting: Special Education 27 Regular 3 Other(specify) Other(specify)

IX Rationale for program placement as least restrictive setting:

IIP CONFERENCE NUMBER ONE

We the undersigned participated in the IIP conference (All staff members must sign):

Parent/Guardian	Date	Teacher	Date	Other	Role	Date
Parent/Guardian	Date	Pupil	Date	Other	Role	Date
Administrator or designee	Date	Other	Role	Date	Other	Role

IIP CONFERENCE NUMBER TWO

We the undersigned participated in the IIP conference (All staff members must sign):

Parent/Guardian	Date	Teacher	Date	Other	Role	Date
Parent/Guardian	Date	Pupil	Date	Other	Role	Date
Administrator or designee	Date	Other	Role	Date	Other	Role

4 copies: Original, File; Yellow, Parent, Pink, District; Goldenrod, Other

September 1979 (20) 19

INDIVIDUALIZED EDUCATION PROGRAM FOR SPECIAL EDUCATION

FORM C

Priority Goals and Objectives
(to carry out specially designed
instructional program)

Name of District/Unit/SFSR, Santa Clara County

Date of IEP From _____ to _____

Pupil Name _____ ID# _____ Birthdate 8-30-60

X Curriculum Area	XIII Short-Term Instructional Objectives (Conditions, stimulus, observable behavior, time limit, assessment criterion)	XIV Method of Evaluation (e.g. observation, standardized or criterion referenced test)	XV Performance Level of Objectives			
			Baseline Data	Retest Data	Retest Data	Retest Data
			Date	Date	Date	Date
Physical Education USOE # <u>Physical</u> D.O.T. # <u>Education</u>	XI Annual Goal (Participant consensus as priority area) He will move his wheelchair forward through an obstacle course without touching any of the objects placed in his way. He must go through, around and between obstacles 5/5 times	Criterion Referenced.				
	He will move his wheelchair forward 30 yards within 20 seconds.	" "				
	He will move his wheelchair forward around a 440 track one lap without stopping.					
XII Implementing Staff:						
X Curriculum Area	XIII Short-Term Instructional Objectives (Conditions, stimulus, observable behavior, time limit, assessment criterion)	XIV Method of Evaluation (e.g. observation, standardized or criterion referenced test)	XV Performance Level of Objectives			
			Baseline Data	Retest Data	Retest Data	Retest Data
			Date	Date	Date	Date
Physical Education USOE # <u>Eye-hand</u> D.O.T. # <u>Coordination</u>	XI Annual Goal (Participant consensus as priority area) He will catch a tennis ball tossed to him from 10' away using two hands to catch. 5/5 times	Criterion Referenced				
	He will bounce and catch a tennis ball using both hands to catch. 5/5 times					
	He will throw a tennis ball using proper overhand motion 12'. 5/5 times	" "				
	He will throw a tennis ball through a target placed 15' away, 3' high, using proper overhand motion. 5/5 times	" "				
XII Implementing Staff:						

120

121

INDIVIDUALIZED EDUCATION PROGRAM FOR SPECIAL EDUCATION

FORM C

Priority Goals and Objectives
(to carry out specially designed
instructional program)

Date of IEP From _____ to _____

Name of District/Unit/SESR, Santa Clara County

Pupil Name _____ ID# _____ Birthdate 8-30-60

X Curriculum Area	XIII Short-Term Instructional Objectives (Conditions, stimulus, observable behavior, time limit, assessment criterion)	XIV Method of Evaluation (e.g. observation, standardized or criterion referenced test)	XV Performance Level of Objectives			
			Baseline Data	Retest Data	Retest Data	Retest Data
			Date	Date	Date	Date
Typing USOE # _____ D.O.T. # _____	By the end of January, will be able to correctly type 1/3 of the keys on the typewriter without looking with 90% accuracy.	Teacher Made Tests	1/4	1/3		
XI Annual Goal (Participant consensus as priority area)	By the end of March, will be able to correctly type 2/3 of the keys on the typewriter without looking with 90% accuracy.	" "				
	By the end of April, will be able to correctly type all of keys on the typewriter without looking with 95% accuracy.	" "				
XII Implementing Staff:						
Relationship with Peers USOE # _____ D.O.T. # _____	XIII Short-Term Instructional Objectives (Conditions, stimulus, observable behavior, time limit, assessment criterion)	XIV Method of Evaluation (e.g. observation, standardized or criterion referenced test)	XV Performance Level of Objectives			
			Baseline Data	Retest Data	Retest Data	Retest Data
			Date	Date	Date	Date
XI Annual Goal (Participant consensus as priority area)	By January, will increase his daily interaction with O.H. students by at least two students.	Teacher Observation				
	By March, will increase his daily interaction with O.H. students by at least four students.	" "				
	By May, will have attended at least two school-related functions.	" "				
XII Implementing Staff:						

APPENDIX F

Data Analysis Plan

TABLE 5

Statistical Analyses for Each Primary Question

PRIMARY QUESTION	ANALYSIS	SPSS PROGRAM FILE
1) Is there congruence among the factors of: IEP Assessment IEP Objectives IEP Services, Materials Implemented Services?	1. Means, standard deviations, medians, frequency histograms of the # of Matches & % of Matches between: Assessment by IEP Objectives Assessment by IEP Services Assessment by Implemented Services IEP Objectives by IEP Services IEP Objectives by Implemented Services IEP Services by Implemented Services	COMPLETE
2) What are the Compliance & Quality characteristics of the IEPs?	2. Directory, which lists % & # Matches for each student**	REPORT
	1. Frequency histograms of Compliance Review & Quality Review items; means, s.d.s, medians of Compliance & Quality Review Scales	COMPLETE
	2. Directory, which lists Compliance Quality characteristics of each student's IEP.**	REPORT

**Optional

PRIMARY QUESTION	ANALYSIS	SPSS PROGRAM FILE
3) What are the opinions of service providers, parents, and students concerning the IEP Process and the special education program as implemented?	1. Means, medians, standard deviations of: a. Service Providers Process Scale Implementation Scale Total Scale b. Parent Questionnaire Process Scale Implementation Scale Total Scale c. Student Interview Process Scale Implementation Scale Total Scale	SPQ, COMPLETE COMPLETE COMPLETE
**Optional		

PRIMARY QUESTION	ANALYSIS	SPSS PROGRAM FILE
4) Do demographic characteristics affect the IEP characteristics: number of team members types of specialist on the team type of handi- capping condition age ethnicity?	1. Correlations between: a. # team members + IEP % Matches: Assessment by Objective Assessment by IEP Services Assessment by Implemented Services Objective by IEP Services Objective by Implemented Services IEP Services by Implemented Services # team members + Compliance Review: Statements Scale Members Scale Compliance Total # team members + Quality Review: Assessment Scale Services Scale Goals Scale Quality Total	COMPLETE COMPLETE COMPLETE

PRIMARY QUESTION	ANALYSIS	SPSS PROGRAM FILE
4) Continued	1) Correlation between: b. Presence or absence of each type of each + type of specialist IEP & Matches, Compliance & Quality Review Scales c. Age + IEP & Matches, Compliance & Quality Review Scales 2) Analysis of Variance & Post Hoc Comparisons (Scheffe Ranges Test): a. IEP & Matches Compliance Review Scales Quality Review Scales Scales } By Handicap Type b. IEP & Matches Compliance Review Scales Quality Review Scales Scales } By Ethnicity	COMPLETE COMPLETE

PRIMARY QUESTION	ANALYSIS	SPSS PROGRAM FILE
5) When IEPs are written by multidisciplinary Teams, is there greater congruence than when IEPs are written by annual review teams, among the factors of the IEP: IEP Assessment IEP Objectives IEP Services, Materials Implemented Services, Materials	1. T-tests for related samples, MA vs. ARA on: % Matches: Assessment by IEP Objectives Assessment by IEP Services Assessment by Implemented Services IEP Objectives by IEP Services IEP Objectives by Implemented Services IEP Services by Implemented Services	MA. ARA
6) Do the characteristics of IEPs, including Compliance and Quality, written by multidisciplinary teams differ from the characteristics of IEPs written by annual review teams?	2. Directory, which lists % Matches MA + ARA for each student's IEP** 1. T-tests for related samples, MA vs. ARA on: a. Compliance Review: Statements Scale Members Scale Compliance Total	IEP. REPMA MA. ARA
**Optional		

PRIMARY QUESTION

ANALYSIS

SPSS PROGRAM FILE

6) Continued

1. T-tests

b. Quality Review:

Assessment Scale
Services Scale
Goals Scale
Quality Total

MA. ARA

135

136

TABLE 6

Composites for Record Review Instruments
and Investigation Instruments

Instrument	Composite	Description	Items	Type of Reliability
Service Provider Questionnaire	IEP Process	Opinions about the adequacy of the IEP development process	5,6a,8,9,11-14	Internal consistency
	IEP Implementation	Opinions about the adequacy of actual implementation of the IEP in meeting needs, goals, etc.	66,7,10,16a-n,17,18	Internal consistency
	IEP Total	Process and Implementation scales combined; index of judgment about overall adequacy of the IEP.	5,6,7,8,9,10,16,17,18	Internal consistency
2. IEP	IEP State-	Record of specific statements in the IEP about current student performance, goals, objectives, settings, services, and evaluations.	1a-1j, 2a	Internal consistency Interrater agreement
	IEP Sources	Record of number of sources of information used in making placement	2a,b	Interrater agreement
	IEP Members	Record of members of the IEP writing and review team	3a-3f	Internal consistency Interrater agreement
	Compliance Total	Combination of statements, sources and members scales; summary index of IEP compliance with requirements of law.	1a-3f	Internal consistency Interrater agreement
Quality	IEP Assessment	Opinions about the	2,3,4,	Internal consistency

Review	adequacy of assessment of the student strengths and expectations for success	5,6	Interrater agreement
IEP Services	Opinions about the adequacy of the descriptions of services to be provided to the student	9,10, 11,12	Internal consistency Interrater agreement
IEP Goals	Opinions about the adequacy of statements of goals, objectives, and evaluation	15,16, 17,18, 19,20, 23	Internal consistency Interrater agreement
IEP Total Quality	Combination of assessment, services, and goals scales; summary of overall quality of the IEP	2-6, 9-12, 15-20 23	Internal consistency Interrater agreement
Number and Types of Curriculum Areas	Record of numbers and types of curriculum areas listed in the IEP	1	Interrater agreement
Number of Assessment Procedures	Record of number of assessment procedures per curriculum area listed in the IEP	1	Interrater agreement
Types of Services	Record of types of personnel who will provide service to the student, as listed in the IEP	8	Interrater agreement
Amounts of Services	Record of amounts of service (in minutes per week) to be provided to the student, as listed in the IEP	8	Interrater agreement
Settings	Record of instructional settings for the student, as listed in the IEP	13a- 13e	Interrater agreement
Number of Goals	Record of number of goals per curriculum area listed in the IEP	14	Interrater agreement

Multidis- ciplinary Team Assess- ment Review	Number of Objectives	Record of number of objectives per curriculum area listed in the IEP	14	Interrater agreement
	IEP Members	Record of the mem- bers of IEP writing team by role.	21a- 21q	Interrater agreement
	Team Meeting	Record of evidence that a team meeting and assessment were conducted	1,2	Interrater agreement
	Team Members	Record of numbers and types of team members by role	3a-3o	Interrater agreement
Summary Matching Data Form	Team Total	Combination of meet- ing and members scales; index of ex- tensiveness of team assessment process.	1-3o	Internal consistency
	MA by OBJ	Matches across cur- riculum areas be- tween assessment on the IEP and object- tives listed in the IEP	MA by OBJ, A-H	Interrater agreement
	MA by IEP S/M/E	Matches across cur- riculum areas be- tween assessment on the IEP and types of services, materials, and equipment listed on the IEP	MA by IEP S/M/E, A-H	Interrater agreement
	MA by PROG S/M/E	Matches across cur- riculum areas be- tween assessment on the IEP and types of services, materials, and equipment listed on the IEP	MA by PROG S/M/E, A-H	Interrater agreement
	OBJ by IEP S/M/E	Matches across cur- riculum areas be- tween objectives on the IEP and types of services, materials, and equipment listed	OBJ by IEP S/M/E, A-H	Interrater agreement

on the IEP

OBJ by PROG S/M/E	Matches across curriculum areas between objectives on the IEP and types of services, materials, and equipment in the implemented program	OBJ by PROG S/M/E, A-H	Interrater agreement
IEP S/M/E by PROG S/M/E	Matches across curriculum areas between types of services, materials, and equipment listed on the IEP and types of services, materials and equipment in the implemented program	IEP S/M/E by PROG S/M/E, A-H	Interrater agreement
Total	Summary of all matches across curriculum areas among assessment on the IEP; objectives and types of service listed on the IEP; and types of service in the implemented program	All items in all the summary Matching Data Form Composites listed above	Interrater agreement

- Note:
1. Based on sample of 19 service providers.
 2. Number in parentheses() is the number of items initially in the composite. Items which had zero variance were not included in the computation of the reliability coefficient.
 3. Standardized alpha coefficient.

APPENDIX G

Key punch Instructions

PROJECT NAME Complete File PAGE 1 of 12
 CORRESPONDING CARD DRAWER # _____ PAGE DATE _____
 DATA SET IDENTIFICATION (If more than one set on this project) _____
 ACTIVE _____ INACTIVE _____

VARIABLE NUMBER	VARIABLE NAME	LOCATION CARD #	COLUMNS	VALUE ASSOCIATED WITH 'CODE
001	ID #	1	1-3	
002	Card #	1	4	"1"
003	Rater	1	5	
004	Type of Handicap	1	6	1=CH 3=PH 2=LH 4=SH
005	Type of IEP	1	7	1=Multidisciplinary 2=Annual
006	Grade Level	1	8	1=Elementary 2=Secondary
007	Ethnicity	1	9	1=Hispanic, 2=White 3=Black, 4=Asian 5=American Indian 6=Filipino
008	Age	1	10-12	
009	Date of Placement	1	13	
010	Date of IEP	1	14	
011	Mean on Serv. Prov. Ques.--Process Scale	1	15-18	
012	Mean on Serv. Prov. Ques.--Implem. Scale			1 19-22
013	Mean on Serv. Prov. Ques.--Total Scale			1 23-26
014	Number of Service Providers ISPQ	1	27	
015	Statement--Present Levels Performance	1	28	1=No 3=Yes, completely 2=Yes, partially
016	Statement--Long- Range Goals	1	29	" "
017	Statement--Annual Goals	1	30	" "

PROJECT NAME Complete File PAGE 2 of 12
 CORRESPONDING CARD DRAWER # _____ PAGE DATE _____
 DATA SET IDENTIFICATION (If more than one set on this project) _____
 ACTIVE _____ INACTIVE _____

VARIABLE NUMBER	VARIABLE NAME	LOCATION CARD #	COLUMNS	VALUE ASSOCIATED WITH CODE
018	Statement Short-Term Objectives	1	31	1=No 3=Yes,completely 2=Yes,partially
019	Statement--Related Services	1	32	" "
020	Statement--Partici- pate in Regular Ed.	1	33	" "
021	Statement--Dates for Service	1	34	" "
022	Rationale for Setting	1	35	" "
023	Statement--Duration of Services	1	36	" "
024	Statement--Criteria for Achievement	1	37	" "
025	Total 1 (# Yes, Completely)	1	38-39	
026	Total 2 (# Yes, Partially)	1	40-41	
027	Total 3 (# No)	1	42-43	
028	Total--Total	1	44-45	
029	Less Than One Source of Data	1	46	0=No 1=Yes
030	# of Sources	1	47-48	
031	Administrator/Designee	1	49	0=No 1=Yes
032	Teacher	1	50	" "
033	Parents	1	51	" "
034	Student	1	52	" "
035	Assessment Team Rep.	1	53	" "
036	Other	1	54	" "

PROJECT NAME Complete File PAGE 3 of 12
 CORRESPONDING CARD DRAWER # _____ PAGE DATE _____
 DATA SET IDENTIFICATION (If more than one set on this project) _____
 ACTIVE _____ INACTIVE _____

VARIABLE NUMBER	VARIABLE NAME	LOCATION CARD #	COLUMNS	VALUE ASSOCIATED WITH 'CODE
037	# Assessments Curric. Area 1	1	55	
038	# Assessments Curric. Area 2	1	56	
039	# Assessments Curric. Area 3	1	57	
040	# Assessments Curric. Area 4	1	58	
041	# Assessments Curric. Area 5	1	59	
042	# Assessments Curric. Area 6	1	60	
043	# Assessments Curric. Area 7	1	61	
044	# Assessments Curric. Area 8	1	62	
045	Total # Curric. Areas	1	63	
046	Total # Assessment Procedures	1	64-65	
047	Ability descriptions	1	66	1=Vague 0=NA 5=Specific
048	# Pupil Strengths Identified	1	67	
049	# Pupil Weaknesses Identified	1	68	
050	Strength & Weakness Descriptions	1	69	1=Vague 0=NA 5=Specific
051	Future Expectations	1	70	0=No 1=Yes
052	# of Services to be Provided	1	71	
053	Academic Counselor	1	72	0=No 1=Yes

PROJECT NAME Complete File PAGE 4 of 12
 CORRESPONDING CARD DRAWER # _____ PAGE DATE _____
 DATA SET IDENTIFICATION (If more than one set on this project) _____
 ACTIVE _____ INACTIVE _____

VARIABLE NUMBER	VARIABLE NAME	LOCATION CARD #	COLUMNS	VALUE ASSOCIATED WITH CODE	
054	Adaptive P.E. Spec.	1	73	0=No	1=Yes
055	Nurse	1	74	"	"
056	Occupational Therapist	1	75	"	"
057	Physical Therapist	1	76	"	"
058	Program Specialist	1	77	"	"
059	Psychologist	1	78	"	"
060	Regular Ed. Teacher	1	79	"	"
061	ID #	2	1-3		
062	Card #	2	4	"2"	
063	Resource Specialist	2	5	0=No	1=Yes
064	S.D.C. Teacher	2	6	"	"
065	Aide	2	7	"	"
066	Speech & Language Spec.	2	8	"	"
067	Social Worker	2	9	"	"
068	Vocational Ed. Spec.	2	10	"	"
069	Academic Counselor min/wk	2	11-13		
070	Adaptive P.E. Spec. min/wk	2	14-16		
071	Nurse min/wk	2	17-19		
072	Occupational Therapist min/wk	2	20-22		
073	Physical Therapist min/wk	2	23-25		
074	Program Specialist min/wk	2	26-28		

PROJECT NAME Complete File PAGE 5 of 12
 CORRESPONDING CARD DRAWER # _____ PAGE DATE _____
 DATA SET IDENTIFICATION (If more than one set on this project) _____
 ACTIVE _____ INACTIVE _____

VARIABLE NUMBER	VARIABLE NAME	LOCATION CARD #	COLUMNS	VALUE ASSOCIATED WITH CODE
075	Psychologist min/wk	2	29-31	
076	Regular Ed. Teacher min/wk	2	32-34	
077	Resource Specialist min/wk	2	35-37	
078	S.D.C. Teacher min/wk	2	38-40	
079	Aide min/wk	2	41-43	
080	Speech & Lang. Spec. min/wk	2	44-46	
081	Social Worker min/wk	2	47-49	
082	Vocational Ed. Spec. min/wk	2	50-52	
083	% of Staff Specified	2	53-54	1=0-20% 5=81+% 2=21-40%
084	% of Service Time Specified	2	55-56	3=41-60% 4=61-80%
085	Description of Services	2	57	1=Vague 0=NA 5=Specific
086	Minutes Specified	2	58	1=No 3=Yes, Completely 2=Yes, Partially
087	Spec. Ed. Setting	2	59	0=No 1=Yes
088	Reg. Ed. Setting	2	60	" "
089	Designated Service Setting	2	61	" "
090	RSP Setting	2	62	" "
091	Total # Goals	2	63	
092	Total # Objectives	2	64	

PROJECT NAME Complete File PAGE 6 of 12
 CORRESPONDING CARD DRAWER # _____ PAGE DATE _____
 DATA SET IDENTIFICATION (If more than one set on this project) _____
 ACTIVE _____ INACTIVE _____

VARIABLE NUMBER	VARIABLE NAME	LOCATION CARD #	COLUMNS	VALUE ASSOCIATED WITH CODE
093	Goals Written	2	65	1=No areas 5=All areas
094	% Conditions & Stimulus	2	66	1=0-20% 4=61-80% 2=21-40% 5=81% 3=41-60%
095	% Observable Perform.	2	67	" "
096	% Criteria Specified	2	68	" "
097	% Baseline	2	69	" "
098	Related Objectives	2	70	1=None 5=All
099	Academic Counselor	2	71	0=No 1=Yes
100	Adaptive P.E. Spec. on Team	2	72	" "
101	Nurse on Team	2	73	" "
102	Occupation Therapist on Team	2	74	" "
103	Physical Therapist on Team	2	75	" "
104	Program Specialist on Team	2	76	" "
105	Psychologist on Team	2	77	" "
106	Regular Ed. Teacher on Team	2	78	" "
107	Resource Spec. on Team	2	79	" "
108	ID #	3	1-3	
109	Card #	3	4	"3"
110	S.D.C. Teacher on Team	3	5	0=No 1=Yes
111	Special Ed. Aide on Team	3	6	" "

PROJECT NAME Complete File PAGE 7 of 12
 CORRESPONDING CARD DRAWER # _____ PAGE DATE _____
 DATA SET IDENTIFICATION (If more than one set on this project) _____
 ACTIVE _____ INACTIVE _____

VARIABLE NUMBER	VARIABLE NAME	LOCATION CARD #	COLUMNS	VALUE ASSOCIATED WITH CODE
112	Speech & Lang. Spec. on Team	3	7	0=No 1=Yes
113	Social Worker on Team	3	8	" "
114	Vocational Ed. Spec. on Team	3	9	" "
115	Other on Team	3	10	" "
116	BLANK	3	11	" "
117	# on Team	3	12-13	
118	# Materials/Equip. Specified	3	14	
119	BLANK	3	15	
120	BLANK	3	16	
121	% Retested and Recorded	3	17-18	1=0-20% 3=41-60% 5=81+% 2=21-40% 4=61-80%
122	CA by Curric. 1	3	19	
123	CA by Curric. 2	3	20	
124	CA by Curric. 3	3	21	
125	CA by Curric. 4	3	22	
126	CA by Curric. 5	3	23	
127	CA by Curric. 6	3	24	
128	CA by Curric. 7	3	25	
129	CA by Curric. 8	3	26	
130	Total CA	3	27-28	
131	CA by Source MA	3	29-30	
132	CA by Source OBJ	3	31-32	

PROJECT NAME Complete File PAGE 8 of 12
 CORRESPONDING CARD DRAWER # _____ PAGE DATE _____
 DATA SET IDENTIFICATION (If more than one set on this project) _____
 ACTIVE _____ INACTIVE _____

VARIABLE NUMBER	VARIABLE NAME	LOCATION CARD # COLUMNS	VALUE ASSOCIATED WITH CODE
133	CA by Source IEP	3 33-34	
134	CA by Source PROG	3 35-36	
135	Total CA by Source	3 37-38	
136	# Matches CA 1	3 39-40	
137	# Matches CA 2	3 41-42	
138	# Matches CA 3	3 43-44	
139	# Matches CA 4	3 45-46	
140	# Matches CA 5	3 47-48	
141	# Matches CA 6	3 49-50	
142	# Matches CA 7	3 51-52	
143	# Matches CA 8	3 53-54	
144	% Matches CA 1	3 55-57	
145	% Matches CA 2	3 58-60	
146	% Matches CA 3	3 61-63	
147	% Matches CA 4	3 64-66	
148	% Matches CA 5	3 67-69	
149	% Matches CA 6	3 70-72	
150	% Matches CA 7	3 73-75	
151	% Matches CA 8	3 76-78	
152	ID #	4 1-3	
153	Card #	4 4	"4"
154	Total # Matches CAs	4 5-7	
155	Total % Matches CAs	4 8-10	
156	# Matches MA by OBJ	4 11-13	

PROJECT NAME Complete File PAGE 9 of 12
 CORRESPONDING CARD DRAWER # _____ PAGE DATE _____
 DATA SET IDENTIFICATION (If more than one set on this project) _____
 ACTIVE _____ INACTIVE _____

VARIABLE NUMBER	VARIABLE NAME	LOCATION CARD # COLUMNS	VALUE ASSOCIATED WITH CODE	
157	# Matches MA by IEP S/M/E	4 14-16		
158	# Matches MA by PROG S/M/E	4 17-19		
159	# Matches OBJ by IEP S/M/E	4 20-22		
160	# Matches OBJ by PROG S/M/E	4 23-25		
161	# Matches IEP by PROG	4 26-28		
162	Total # Matches	4 29-31		
163	% Matches MA by OBJ	4 32-34		
164	% Matches MA by IEP	4 35-37		
165	% Matches MA by PROG	4 38-40		
166	% Matches OBJ by IEP	4 41-43		
167	% Matches OBJ by PROG	4 44-46		
168	% Matches IEP by PROG	4 47-49		
169	Total % Matches	4 50-52		
170	MA Meeting Held?	4 53	0=No	1=Yes
171	Ma Completed?	4 54	"	"
172	Academic Counselor on Team	4 55	"	"
173	Adaptive P.E. Spec. on Team	4 56	"	"
174	Nurse on Team	4 57	"	"
175	O.T. on Team	4 58	"	"
176	P.T. on Team	4 59	"	"
177	Program Spec. on Team	4 60	"	"

PROJECT NAME Complete File PAGE 10 of 12
 CORRESPONDING CARD DRAWER # _____ PAGE DATE _____
 DATA SET IDENTIFICATION (If more than one set on this project) _____
 ACTIVE _____ INACTIVE _____

VARIABLE NUMBER	VARIABLE NAME	LOCATION CARD #	COLUMNS	VALUE ASSOCIATED WITH CODE
178	Psychologist on Team	4	61	0=No 1=Yes
179	Regular Ed. Teacher on Team	4	62	" "
180	Resource Spec. on Team	4	63	" "
181	SDC Teacher on Team	4	64	" "
182	Aide on Team	4	65	" "
183	Speech Spec. on Team	4	66	" "
184	Social Worker on Team	4	67	" "
185	Vocational Ed. Spec. on Team	4	68	" "
186	Other on Team	4	69	" "
187	# on Team	4	70-71	
188	ID #	5	1-3	
189	Card #	5	4	"5"
190	Seen IEP	5	5	0=DK 2=Yes 1=No
191	Copy IEP	5	6	" " "
192	Importance of Goals	5	7	1=Not very important 5=Very important
193	More Services Needed?	5	8	0=No 1=Yes
194	Type Services Needed	5	9	
195	Strengths Considered Well?	5	10	0=DK 1=Not very well 5=Very well
196	Add'l Services Needed	5	11	
197	Add'l Services Needed	5	12	
198	Add'l Services Needed	5	13	

PROJECT NAME Complete File PAGE 11 of 12
 CORRESPONDING CARD DRAWER # _____ PAGE DATE _____
 DATA SET IDENTIFICATION (If more than one set on this project) _____
 ACTIVE _____ INACTIVE _____

VARIABLE NUMBER	VARIABLE NAME	LOCATION CARD #	COLUMNS	VALUE ASSOCIATED WITH CODE
199	Needs Met	5	14	0=DK 1=A little 5=A lot
200	Services Provided	5	15	1=Not very 5=Very
201	Amounts of Service	5	16	" "
202	Reach IEP Objectives	5	17	0=DK 1=No 2=Yes
203	Unrealistic Objectives	5	18	0=No 1=Yes
204	Insufficient Services	5	19	" "
205	Other	5	20	" "
206	Time on Objectives	5	21	1=0-20% 2=30-40% 3=50-60% 4=70-80% 5=90-100%
207	Often Discussed	5	22	1=Never 3=4-6x/yr 2=1-3x/yr 4=7-9x/yr 5=9x/yr
208	Relationship	5	23	1=Dad 4=F. Guard. 2=Mom 5=Other 3=M. Guard. 6=Both
209	Ethnicity	5	24	1=Hispanic 2=Asian 3= White 4=American Indian or Alaskan 5=Black 6=Filipino
210	Parents' Language	5	25	1=English 2=Other
211	Student's Language	5	26	" "
212	Familiar with IEP	5	27	1=Not familiar 2=Very familiar
213	Copy IEP	5	28	0=DK 1=No 2=Yes
214	Often Discuss	5	29	1=Never 3=4-6x 5= 9+x 2=1-3x/yr 4=7-9x

PROJECT NAME Complete File PAGE 12 of 12
 CORRESPONDING CARD DRAWER # _____ PAGE DATE _____
 DATA SET IDENTIFICATION (If more than one set on this project) _____
 ACTIVE _____ INACTIVE _____

VARIABLE NUMBER	VARIABLE NAME	LOCATION CARD #	COLUMNS	VALUE ASSOCIATED WITH CODE
215	Needs Identified	5	30	1=Not very well 5=Very well
216	PT Needed/Provided/ Adequate (N/P/A)	5	31	1=N/P/A 2=N/P/not A 4=N/not P/not A
217	OT N/P/A	5	32	"
218	Psychologist N/P/A	5	33	"
219	Counselor N/P/A	5	34	"
220	RSP N/P/A	5	35	"
221	SDC N/P/A	5	36	"
222	Speech N/P/A	5	37	"
223	Nurse N/P/A	5	38	"
224	Aide N/P/A	5	39	"
225	Reg. Ed. N/P/A	5	40	"
226	Prog. Spec. N/P/A	5	41	"
227	APE N/P/A	5	42	"
228	Social Worker N/P/A	5	43	"
229	Other N/P/A	5	44	"
230	# Needed, not Provided	5	45-46	
231	# Provided, not Adequate	5	47-48	
232	Strengths Considered	5	49	0=DK 1=Not very well 5=Very well
233	Importance of Goals	5	50	"
234	Needed Services Provided	5	51	"
235	Appropriate Amounts of Service	5	52	"
236	Responsive IEP Committee	5	53	"

PROJECT NAME Service Provider Questionnaire File PAGE 1 of 3
 CORRESPONDING CARD DRAWER # _____ PAGE DATE _____
 DATA SET IDENTIFICATION (If more than one set on this project) _____
 ACTIVE _____ INACTIVE _____

VARIABLE NUMBER	VARIABLE NAME	LOCATION CARD #	COLUMNS	VALUE ASSOCIATED WITH CODE
01	ID #	1	1-3	As listed
02	Card #	1	4	"1"
03	Rater	1	5	As listed
04	Type of Handicap	1	66	1=CH 3=PH 2=LH 4=SH
05	Type of IEP	1	7	1=MA 2=ARA
06	Grade Level	1	8	1=Elementary 2=Secondary
07	Ethnicity	1	9	
08	Age	1	10-12	2 digits for yrs 1 digit for .10 yrs
09	Setting 1	1	13	1=Reg Ed 5=Pgm Spec 2=Spec Ed 6=Other
10	Setting 2	1	14	3=Designated Serv. Room 4=RSP Room
11	Role	1	15-16	1=SDC 2=RSP 3=Reg Ed 4=Aides 5=Counselor 6=Psych 7=Soc. Wrkr 8=Pgm Spec 9=Speech 10=Nurse 11=PT 12=OT 13=APE 14=Other
12	Minutes with Student	1	17-19	As listed
13	Familiar with IEP	1	20	0=No 1=Yes
14	Access to IEP	1	21	"
15	Reach Objectives	1	22	0=DK 1=No 2=Yes
16	Unrealistic Objectives	1	23	0=No 1=Yes
17	Insufficient Services	1	24	0=No 1=Yes
18	Other Reason	1	25	"

PROJECT NAME Service Provider Questionnaire File PAGE 2 of 3
 CORRESPONDING CARD DRAWER # _____ PAGE DATE _____
 DATA SET IDENTIFICATION (If more than one set on this project) _____
 ACTIVE _____ INACTIVE _____

VARIABLE NUMBER	VARIABLE NAME	LOCATION CARD #	COLUMNS	VALUE ASSOCIATED WITH CODE
19	Expected Progress Shown	1	26	1=More quickly 2=On schedule 3=Less quickly 4=IEP not specific 5=DK
20	IEP Revised	1	27	1=DK 2=Didn't change 3=No 4=Yes
21	Discuss IEP	1	28	1=Never 2=1-3x 3=4-6x 4=7-9x 5=More than 9x
22	Time on Objectives	1	29	1=0% 2=10% 3=20% 4=30% 5=40% 6=50% 7=60% 8=70% 9=80% 10=90% 11=100%
23	Importance of Objectives	1	30	1=Not very 5=Very
24	IEP Usefulness	1	31	1=A little 5=A lot
25	IEP Reflects Needs	1	32	" "
26	Difficulties Implementing	1	33	1=No diff. listed 0=1 or more listed
27	PT Needed/Provided/ adequate (N/P/A)	1	34	1=N/P/A 2=N/P/not A 4=N/not P/not A
28	OT N/P/A	1	35	" "
29	Psychologist N/P/A	1	36	" "
30	Counselor N/P/A	1	37	" "
31	RSP N/P/A	1	38	" "
32	SDC N/P/A	1	39	" "
33	Speech N/P/A	1	40	" "
34	Nurse N/P/A	1	41	" "
35	Aide N/P/A	1	42	" "
36	Reg. Ed. N/P/A	1	43	" "
37	Prog. Spec N/P/A	1	44	" "

PROJECT NAME Service Provider Questionnaire File PAGE 3 of 3
 CORRESPONDING CARD DRAWER # _____ PAGE DATE _____
 DATA SET IDENTIFICATION (If more than one set on this project) _____
 ACTIVE _____ INACTIVE _____

VARIABLE NUMBER	VARIABLE NAME	LOCATION CARD #	COLUMNS	VALUE ASSOCIATED WITH CODE
38	APE N/P/A	1	45	1=N/P/A 2=N/P/not A 4=N/not P/not A
39	Social Worker N/P/A	1	46	" "
40	Other N/P/A	1	47	" "
41	# Needed, not Provided	1	48-49	Tally
42	# provided, not adequate	1	50-51	Tally
43	Coordinated Program	1	52	1=A little 5=A lot
44	Well Served	1	53	1=Poorly 5=Very well
45	IEP Process Mean	1	54-57	
46	IEP Process S.D.	1	58-61	
47	IEP Implementation Mean	1	62-65	
48	IEP Implementation S.D.	1	66-69	
49	IEP Total Mean	1	70-73	
50	IEP Total S.D.	1	74-77	

PROJECT NAME MA + ARA File PAGE 1 of 16
 CORRESPONDING CARD DRAWER # _____ PAGE DATE _____
 DATA SET IDENTIFICATION (If more than one set on this project) _____
 ACTIVE _____ INACTIVE _____

VARIABLE NUMBER	VARIABLE NAME	LOCATION CARD #	COLUMNS	VALUE ASSOCIATED WITH CODE
001	ID #	1	1-3	
002	Card #	1	4	"1"
003	Rater	1	5	
004	Type of Handicap	1	6	
005	Type of IEP	1	7	
006	Grade Level	1	8	
007	Ethnicity	1	9	
008	Age	1	10-12	
009	Date of Placement	1	13	
010	Date of IEP	1	14	
011	Mean on IEP Process--SPQ	1	15-18	
012	Mean on IEP Implemen- tation--SPQ	1	19-22	
013	Mean on IEP Total--SPQ	1	23-26	
014	# of Service Providers-- SPQ	1	27	
015	Statement--Present Levels Performance	1	28	
016	Statement--Long-Range Goals	1	29	
017	Statement--Annual Goals	1	30	
018	Statement--Short-Term Objectives	1	31	
019	Statement--Related Services	1	32	
020	Statement--Participate in Reg. Ed.	1	33	

PROJECT NAME MA + ARA File PAGE 2 of 16
 CORRESPONDING CARD DRAWER # PAGE DATE
 DATA SET IDENTIFICATION (If more than one set on this project)
 ACTIVE INACTIVE

VARIABLE NUMBER	VARIABLE NAME	LOCATION CARD #	COLUMNS	VALUE ASSOCIATED WITH CODE
021	Statement--Dates for Service	1	34	
022	Statement--Rationale for Settings	1	35	
023	Statement--Duration of Services	1	36	
024	Statement--Criteria for Achievement	1	37	
025	Total 1	1	38-39	
026	Total 2	1	40-41	
027	Total 3	1	42-43	
028	Total - Total	1	44-45	
029	Less Than One Source of Data	1	46	
030	# of Sources	1	47-48	
031	Administrator/Designee	1	49	
032	Teacher	1	50	
033	Parents	1	51	
034	Student	1	52	
035	Assessment Team Rep.	1	53	
036	Other	1	54	
037	# Assessments Curr. 1	1	55	
038	# Assessments Curr. 2	1	56	
039	# Assessments Curr. 3	1	57	
040	# Assessments Curr. 4	1	58	
041	# Assessments Curr. 5	1	59	

PROJECT NAME MA + ARA File PAGE 3 of 16
 CORRESPONDING CARD DRAWER # _____ PAGE DATE _____
 DATA SET IDENTIFICATION (If more than one set on this project) _____
 ACTIVE _____ INACTIVE _____

VARIABLE NUMBER	VARIABLE NAME	LOCATION CARD #	COLUMNS	VALUE ASSOCIATED WITH CODE
042	# Assessments Curr. 6	1	60	
043	# Assessments Curr. 7	1	61	
044	# Assessments Curr. 8	1	62	
045	Total # Curr. Areas	1	63	
046	Total # Assessment Procedures	1	64-65	
047	Ability Descriptions	1	66	
048	# Pupil Strengths Identified	1	67	
049	# Pupil Weaknesses Identified	1	68	
050	Strengths Descriptions	1	69	
051	Future Expectations	1	70	
052	# of Services to be Provided	1	71	
053	Academic Counselor	1	72	
054	Adaptive P.E. Spec.	1	73	
055	Nurse	1	74	
056	Occupational Therapist	1	75	
057	Physical Therapist	1	76	
058	Program Specialist	1	77	
059	Psychologist	1	78	
060	Regular Ed. Teacher	1	79	
061	ID #	2	1-3	
062	Card #	2	4	
063	Resource Specialist	2	5	

PROJECT NAME MA + ARA File PAGE 4 of 16
 CORRESPONDING CARD DRAWER # _____ PAGE DATE _____
 DATA SET IDENTIFICATION (If more than one set on this project) _____
 ACTIVE _____ INACTIVE _____

VARIABLE NUMBER	VARIABLE NAME	LOCATION CARD # COLUMNS	VALUE ASSOCIATED WITH CODE
064	S.D.C. Teacher	2 6	
065	Aide	2 7	
066	Speech & Lang. Teacher	2 8	
067	Social Worker	2 9	
068	Vocational Ed. Spec.	2 10	
069	Academic Counselor min/wk	2 11-13	
070	Adaptive P.E. Spec. min/wk	2 14-16	
071	Nurse min/wk	2 17-19	
072	Occ. Therapist min/wk	2 20-22	
073	Physical Therapist min/wk	2 23-25	
074	Program Specialist min/wk	2 26-28	
075	Psychologist min/wk	2 29-31	
076	Reg. Ed. Teacher min/wk	2 32-34	
077	Resource Spec. min/wk	2 35-37	
078	S.D.C. Teacher min/wk	2 38-40	
079	Aide min/wk	2 41-43	
080	Speech & Lang. Spec. min/wk	2 44-46	
081	Social Worker min/wk	2 47-49	
082	Vocational Ed. Spec. min/wk	2 50-52	
083	% of Staff Specified	2 53-54	
084	% of Service Time "	2 55-56	

PROJECT NAME MA + ARA File PAGE 5 of 16
 CORRESPONDING CARD DRAWER # PAGE DATE
 DATA SET IDENTIFICATION (If more than one set on this project)
 ACTIVE INACTIVE

VARIABLE NUMBER	VARIABLE NAME	LOCATION CARD # COLUMNS	VALUE ASSOCIATED WITH CODE
085	Description of Services	2 57	
086	Minutes Specified	2 58	
087	Spec. Ed. Setting	2 59	
088	Regular Ed. Setting	2 60	
089	Designated Service Setting	2 61	
090	RSP Setting	2 62	
091	Total # Goals	2 63	
092	Total # Objectives	2 64	
093	Goals Written?	2 65	
094	% Conditions and Stimulus	2 66	
095	% Observable Perform.	2 67	
096	% Criterion Specified	2 68	
097	% Baseline	2 69	
098	Related Objectives	2 70	
099	Academic Counselor on Team	2 71	
100	Adaptive P.E. Spec. on Team	2 72	
101	Nurse on Team	2 73	
102	Occ. Therapist on Team	2 74	
103	Physical Therapist on Team	2 75	
104	Program Specialist	2 76	
105	Psychologist on Team	2 77	

PROJECT NAME MA + ARA File PAGE 6 of 16
 CORRESPONDING CARD DRAWER # _____ PAGE DATE _____
 DATA SET IDENTIFICATION (If more than one set on this project) _____
 ACTIVE _____ INACTIVE _____

VARIABLE NUMBER	VARIABLE NAME	LOCATION CARD #	COLUMNS	VALUE ASSOCIATED WITH CODE
106	Reg. Ed. Teacher on Team	2	78	
107	Resource Spec. on Team	2	79	
108	ID #	3	1-3	
109	Card #	3	4	
110	SDC Teacher on Team	3	5	
111	Aide on Team	3	6	
112	Speech & Lang. Spec. on Team	3	7	
113	Social Worker on Team	3	8	
114	Vocational Ed. Spec. on Team	3	9	
115	Other on Team	3	10	
116	BLANK	3	11	
117	# on Team	3	12-13	
118	Materials Specified	3	14	
119	Extended Year	3	15	
120	Transportation	3	16	
121	% Retested and Recorded	3	17-18	
122	CA by Curr. 1	3	19	
123	CA by Curr. 2	3	20	
124	CA by Curr. 3	3	21	
125	CA by Curr. 4	3	22	
126	CA by Curr. 5	3	23	
127	CA by Curr. 6	3	24	

PROJECT NAME MA + ARA File PAGE 7 of 16
 CORRESPONDING CARD DRAWER # PAGE DATE
 DATA SET IDENTIFICATION (If more than one set on this project)
 ACTIVE INACTIVE

VARIABLE NUMBER	VARIABLE NAME	LOCATION CARD # COLUMNS	VALUE ASSOCIATED WITH CODE
128	CA by Curr. 7	3 25	
129	CA by Curr. 8	3 26	
130	Total CA	3 27-28	
131	CA by Source MA	3 29-30	
132	CA by Source" OBJ	3 31-32	
133	CA by Source IEP	3 33-34	
134	CA by Source PROG	3 35-36	
135	Total CA by Source	3 37-38	
136	# Matches CA 1	3 39-40	
137	# Matches CA 2	3 41-42	
138	# Matches CA 3	3 43-44	
139	# Matches CA 4	3 45-46	
140	# Matches CA 5	3 47-48	
141	# Matches CA 6	3 49_50	
142	# Matches CA 7	3 51-52	
143	# Matches CA 8	3 53-54	
144	% Matches CA 1	3 55-57	
145	% Matches CA 2	3 58-60	
146	% Matches CA 3	3 61-63	
147	% Matches CA 4	3 64-66	
148	% Matches CA 5	3 67-69	
149	% Matches CA 6	3 70-72	
150	% Matches CA 7	3 73-75	
151	% Matches CA 8	3 76-78	

PROJECT NAME MA + ARA File PAGE 8 of 16
 CORRESPONDING CARD DRAWER # _____ PAGE DATE _____
 DATA SET IDENTIFICATION (If more than one set on this project) _____
 ACTIVE _____ INACTIVE _____

VARIABLE NUMBER	VARIABLE NAME	LOCATION CARD # COLUMNS	VALUE ASSOCIATED WITH CODE
152	ID #	4 1-3	
153	Card #	4 4	
154	Total # Matches CAs	4 5-7	
155	Total % Matches CAs	4 8-10	
156	# Matches MA by OBJ	4 11-13	
157	# Matches MA by IEP	4 14-16	
158	# Matches MA by PROG	4 17-19	
159	# Matches OBJ by IEP	4 20-22	
160	# Matches OBJ by PROG	4 23-25	
161	# Matches IEP by PROG	4 26-28	
162	Total # Matches	4 29-31	
163	% Matches MA by OBJ	4 32-34	
164	% Matches MA by IEP	4 35-37	
165	% Matches MA by PROG	4 38-40	
166	% Matches OBJ by IEP	4 41-43	
167	% Matches OBJ by PROG	4 44-46	
168	% Matches IEP by PROG	4 47-49	
169	Total % Matches	4 50-52	
170	ID #	5 1-3	
171	Card #	5 4	
172	Rater	5 5	
173	Type of Handicap	5 6	
174	Type of IEP	5 7	
175	Grade Level	5 8	

PROJECT NAME MA + ARA File

PAGE 9 of 16

CORRESPONDING CARD DRAWER # PAGE DATE DATA SET IDENTIFICATION (If more than one set on this project) ACTIVE INACTIVE

VARIABLE NUMBER	VARIABLE NAME	LOCATION CARD #	COLUMNS	VALUE ASSOCIATED WITH CODE
176	Ethnicity	5	9	
177	Age	5	10-12	
178	Date of Placement	5	13	
179	Date of IEP	5	14	
180	Mean on IEP Process/SPQ	5	15-18	
181	Mean on IEP Implemen- tation/SPQ	5	19-22	
182	Mean on IEP Total/SPQ	5	23-26	
183	# of Service Providers/SPQ	5	27	
184	Statement--Present Levels Performance	5	28	
185	Statement--Long-Range Goals	5	29	
186	Statement--Annual Goals	5	30	
187	Statement--Short-Term Objectives	5	31	
188	Statement--Related Services	5	32	
189	Statement--Participate in Reg. Ed.	5	33	
190	Statement--Dates for Service	5	34	
191	Statement--Rationale for Setting	5	35	
192	Statement--Duration of Services	5	36	
193	Statement--Criteria for Achievement	5	37	

PROJECT NAME MA + ARA File PAGE 10 of 16
 CORRESPONDING CARD DRAWER # PAGE DATE
 DATA SET IDENTIFICATION (If more than one set on this project)
 ACTIVE INACTIVE

VARIABLE NUMBER	VARIABLE NAME	LOCATION CARD # COLUMNS	VALUE ASSOCIATED WITH CODE
194	Total 1	5 38-39	
195	Total 2	5 40-41	
196	Total 3	5 42-43	
197	Total - Total	5 44-45	
198	Less Than One Source of Data	5 46	
199	# of Sources	5 47-48	
200	Administrator/Designee	5 49	
201	Teacher	5 50	
202	Parents	5 51	
203	Student	5 52	
204	Assessment Team Rep.	5 53	
205	Other	5 54	
206	# Assessments Curric. 1	5 55	
207	# Assessments Curric. 2	5 56	
208	# Assessments Curric. 3	5 57	
209	# Assessments Curric. 4	5 58	
210	# Assessments Curric. 5	5 59	
211	# Assessments Curric. 6	5 60	
212	# Assessments Curric. 7	5 61	
213	# Assessments Curric. 8	5 62	
214	Total # Curric. Areas	5 63	
215	Total # Assessment Procedures	5 64-65	
216	Ability Descriptions	5 66	

PROJECT NAME MA + ARA File PAGE 11 of 16
 CORRESPONDING CARD DRAWER # _____ PAGE DATE _____
 DATA SET IDENTIFICATION (If more than one set on this project) _____
 ACTIVE _____ INACTIVE _____

VARIABLE NUMBER	VARIABLE NAME	LOCATION CARD # COLUMNS	VALUE ASSOCIATED WITH CODE
217	# Pupil Strengths Identified	5 67	
218	# Pupil Weaknesses Identified	5 68	
219	Strengths Descriptions	5 69	
220	Future Expectations	5 70	
221	# of Services to be Provided	5 71	
222	Academic Counselor	5 72	
223	Adaptive P.E. Spec.	5 73	
224	Nurse	5 74	
225	Occupational Therapist	5 75	
226	Physical Therapist	5 76	
227	Program Specialist	5 77	
228	Psychologist	5 78	
229	Reg. Ed. Teacher	5 79	
230	ID #	6 1-3	
231	Card #	6 4	
232	Resource Specialist	6 5	
233	SDC Teacher	6 6	
234	Aide	6 7	
235	Speech & Lang. Spec.	6 8	
236	Social Worker	6 9	
237	Vocational Ed. Spec.	6 10	
238	Academic Counselor min/wk	6 11-13	

PROJECT NAME MA + ARA File PAGE 12 of 16
 CORRESPONDING CARD DRAWER # _____ PAGE DATE _____
 DATA SET IDENTIFICATION (If more than one set on this project) _____
 ACTIVE _____ INACTIVE _____

VARIABLE NUMBER	VARIABLE NAME	LOCATION CARD #	COLUMNS	VALUE ASSOCIATED WITH CODE
239	Adaptive P.E. Spec. min/wk	6	14-16	
240	Nurse min/wk	6	17-19	
241	Occ. Therapist min/wk	6	20-22	
242	Phys. Therapist min/wk	6	23-25	
243	Program Spec. min/wk	6	26-28	
244	Psychologist min/wk	6	29-31	
245	Reg. Ed. Teacher min/wk	6	32-34	
246	Resource Specialist min/wk	6	35-37	
247	SDC Teacher min/wk	6	38-40	
248	Aide min/wk	6	41-43	
249	Speech & Language Specialist min/wk	6	44-46	
250	Social Worker min/wk	6	47-49	
251	Voc. Ed. Spec. min/wk	6	50-52	
252	% of Staff Specified	6	53-54	
253	% of Service Time Specified	6	55-56	
254	Description of Services	6	57	
255	Minutes Specified	6	58	
256	Spec. Ed. Setting	6	59	
257	Reg. Ed. Setting	6	60	
258	Designated Service Setting	6	61	
259	RSP Setting	6	62	

PROJECT NAME MA + ARA File PAGE 13 of 16
 CORRESPONDING CARD DRAWER # _____ PAGE DATE _____
 DATA SET IDENTIFICATION (If more than one set on this project) _____
 ACTIVE _____ INACTIVE _____

VARIABLE NUMBER	VARIABLE NAME	LOCATION CARD # COLUMNS	VALUE ASSOCIATED WITH CODE
260	Total # Goals	6 63	
261	Total # Objectives	6 64	
262	Goals Written	6 65	
263	% Condition and Stim.	6 66	
264	% Observable Perform.	6 67	
265	% Criterion Specified	6 68	
266	% Baseline	6 69	
267	Related Objectives	6 70	
268	Academic Counselor on Team	6 71	
269	Adaptive P.E. Spec. on Team	6 72	
270	Nurse on Team	6 73	
271	Occ. Therapist on Team	6 74	
272	Physical Therapist on Team	6 75	
273	Program Spec. on Team	6 76	
274	Psychologist on Team	6 77	
275	Reg. Ed. Teacher on Team	6 78	
276	Resource Spec. on Team	6 79	
277	ID #	7 1-3	
278	Card #	7 4	
279	SDC Teacher on Team	7 5	
280	Aide on Team	7 6	

PROJECT NAME MA + ARA File PAGE 14 of 16
 CORRESPONDING CARD DRAWER # PAGE DATE
 DATA SET IDENTIFICATION (If more than one set on this project)
 ACTIVE INACTIVE

VARIABLE NUMBER	VARIABLE NAME	LOCATION CARD #	COLUMNS VALUE ASSOCIATED WITH CODE
281	Speech & Lang. Spec. on Team	7	7
282	Social Worker on Team	7	8
283	Voc. Ed. Spec. on Team	7	9
284	Other on Team	7	10
285	BLANK	7	11
286	# on Team	7	12-13
287	Materials Specified	7	14
288	Extended Year	7	15
289	Transportation	7	16
290	% Retested and Recorded	7	17-18
291	CA by Curriculum 1	7	19
292	CA by Curriculum 2	7	20
293	CA by Curriculum 3	7	21
294	CA by Curriculum 4	7	22
295	CA by Curriculum 5	7	23
296	CA by Curriculum 6	7	24
297	CA by Curriculum 7	7	25
298	CA by Curriculum 8	7	26
299	Total CA	7	27-28
300	CA by Source MA	7	29-30
301	CA by Source OBJ	7	31-32
302	CA by Source IEP	7	33-34
303	CA by Source PROG	7	35-36

PROJECT NAME MA + ARA File PAGE 15 of 16
 CORRESPONDING CARD DRAWER # PAGE DATE
 DATA SET IDENTIFICATION (If more than one set on this project)
 ACTIVE INACTIVE

VARIABLE NUMBER	VARIABLE NAME	LOCATION CARD #	COLUMNS	VALUE ASSOCIATED WITH CODE
304	Total CA by Source	7	37-38	
305	# Matches CA 1	7	39-40	
306	# Matches CA 2	7	41-42	
307	# Matches CA 3	7	43-44	
308	# Matches CA 4	7	45-46	
309	# Matches CA 5	7	47-48	
310	# Matches CA 6	7	49-50	
311	# Matches CA 7	7	51-52	
312	CA 8	7	53-54	
313	% Matches CA 1	7	55-57	
314	% Matches CA 2	7	58-60	
315	% Matches CA 3	7	61-63	
316	% Matches CA 4	7	64-66	
317	% Matches CA 5	7	67-69	
318	% Matches CA 6	7	70-72	
319	% Matches CA 7	7	73-75	
320	% Matches CA 8	7	76-78	
321	ID #	8	1-3	
322	Card #	8	4	
323	Total # Matches CAs	8	5-7	
324	Total % Matches CAs	8	8-10	
325	# Matches MA by OBJ	8	11-13	
326	# Matches MA by IEP	8	14-16	
327	# Matches MA by PROG	8	17-19	

PROJECT NAME MA + ARA File PAGE 16 of 16
 CORRESPONDING CARD DRAWER # PAGE DATE
 DATA SET IDENTIFICATION (If more than one set on this project)
 ACTIVE INACTIVE

VARIABLE NUMBER	VARIABLE NAME	LOCATION CARD # COLUMNS	VALUE ASSOCIATED WITH CODE
328	# Matches OBJ by IEP	8 20-22	
329	# Matches OBJ by PROG	8 23-25	
330	# Matches IEP by PROG	8 26-28	
331	Total # Matches	8 29-31	
332	% Matches MA by OBJ	8 32-34	
333	% Matches MA by IEP	8 35-37	
334	% Matches MA by PROG	8 38-40	
335	% Matches OBJ by IEP	8 41-43	
336	% Matches OBJ by PROG	8 44-46	
337	% Matches IEP by PROG	8 47-49	
338	Total % Matches	8 50-52	

APPENDIX H

Computer Instructions

139

173

Computer Program File: SPQ

```
//SPQ JOB (XA.R48,125),CLASS=Q
/*JOBPARM LINES=99
//EXEC SPSS
//SYSIN DD *
RUN NAME      SPQ
FILE NAME
VARIABLE LIST  X1 TO X50
INPUT FORMAT   FIXED(F3.0,6F1.0,F3.1,2F1.0,F2.0,F3.0,28F1.0,
                2F2.0,2F1.0,6F4.2)
INPUT MEDIUM  CARD
N OF CASES
RECODE        X16 TO X18 (0=1)(1=0)
RECODE        X26 (0=1)(1=0)
RECODE        X19 (1=5)(2=4)(3=3)(4=2)(5=1)
PRINT FORMATS X45 TO X50 (2)
COMPUTE       X42=(X42)*(-1)
COMPUTE       PROCESS=X14+X15+X20+X21+X23+X24+X25
COMPUTE       IMPLEM=X17+X19+X22+X43+X44
COMPUTE       TOTAL=PROCESS+IMPLEM
COMPUTE       ZPROCESS=(PROCESS-X45)/X46
COMPUTE       ZIMPLEM=(IMPLEM-X47)/X48
COMPUTE       ZTOTAL=(TOTALX-49)/X50
VAR LABELS    X1 ID#/
               X2 CARD#/
               X3 RATER/
               X4 TYPE OF HANDICAP/
               X5 TYPE OF IEP/
               X6 GRADE LEVEL/
               X7 DISTRICT/
               X8 AGE/
               X9 SETTING 1/
               X10 SETTING 2/
               X11 ROLE OF SERVICE PROVIDER/
               X12 MINUTES WITH STUDENT/
               X13 FAMILIAR WITH IEP?/
               X14 ACCESS TO IEP?/
               X15 REACH OBJECTIVES?/
               X16 UNREALISTIC OBJECTIVES?/
               X17 INSUFFICIENT SERVICES?/
               X18 OTHER REASON/
               X19 EXPECTED PROGRESS SHOWN?/
               X20 IEP REVISED?/
               X21 OFTEN DISCUSS IEP/
               X22 TIME ON OBJECTIVES/
               X23 IMPORTANCE OF OBJECTIVES/
               X24 IEP USEFULNESS/
               X25 IEP REFLECTS NEEDS/
               X26 DIFFICULTY IMPLEMENTING IEP?/
               X27 PT NEEDED:PROVIDED:ADEQUATE/
               X28 OT NEEDED:PROVIDED:ADEQUATE/
               X29 PSYCHOLOGIST N:P:A/
               X30 COUNSELOR N:P:A/
               X31 RESOURCE SPECIALIST N:P:A/
```

VALUE LABELS

X32 SPECIAL DAY CLASS TEACHER N:P:A/
 X33 LANGUAGE SPEECH N:P:A/
 X34 NURSE N:P:A/
 X35 SPECIAL EDUCATION AIDE N:P:A/
 X36 REGULAR EDUCATION TEACHER N:P:A/
 X37 PROGRAM SPECIALIST N:P:A/
 X38 ADAPTIVE P.E. N:P:A/
 X39 SOCIAL WORKER N:P:A/
 X40 OTHER N:P:A/
 X41 # NEEDED,NOT PROVIDED/
 X42 # PROVIDED,NOT ADEQUATE/
 X43 COORDINATED PROGRAM?/
 X44 WELL SERVED?/
 X45 IEP PROCESS MEAN/
 X46 IEP PROCESS STANDARD DEVIATION/
 X47 IEP IMPLEMENTATION MEAN/
 X48 IEP IMPLEMENTATION STANDARD DEVIATION/
 X49 IEP TOTAL MEAN/
 X50 IEP TOTAL STANDARD DEVIATION/
 PROCESS TOTAL SCORE IEP PROCESS/
 IMPEM TOTAL SCORE IEP IMPLEMENTATION/
 TOTAL TOTAL SCORE IEP TOTAL/
 ZPROCESS ZSCORE IEP PROCESS SCALE/
 ZIMPEM ZSCORE IEP IMPLEMENTATION SCALE/
 ZTOTAL ZSCORE IEP TOTAL SCALE/
 X4 (1)COMMICATIVELY HANDICAPPED
 (2)LEARNING HANDICAPPED (3)PHYSICALLY HANDICAPPED
 (4)SEVERELY HANDICAPPED/
 X5 (1)MULTIDISCIPLINARY ASSESSMENT
 (2) ANNUAL REVIEW/
 X6 (1)ELEMENTARY (2)SECONDARY/
 X9,X10 (1)REGULAR EDUCATION CLASSROOM
 (2)SPECIAL EDUCATION CLASSROOM
 (3)DESIGNATED SERVICE ENVIRONMENT
 (4)RSP ROOM (5)PROGRAM SPECIALIST ROOM
 (6)OTHER/
 X11 (1)SPECIAL DAY CLASS TEACHER
 (2)RESOURCE SPECIALIST (3)REGULAR EDUCATION TEACHER
 (4)SPECIAL ED AIDES (5)COUNSELOR (6)PSYCHOLOGIST
 (7)SOCIAL WORKER (8)PROGRAM SPECIALIST
 (9)SPEECH LANGUAGE TEACHER (10)NURSE
 (11)PHYSICAL THERAPIST (12)OCCUPATIONAL THERAPIST
 (13)ADAPTIVE P.E. TEACHER (14)OTHER/
 X13 TO X15 (0)NO (1)YES/
 X16 TO X18 (0)YES (1)NO/
 X19 (1)DON'T KNOW (2)IEP NOT SPECIFIC TO JUDGE
 (3)LESS QUICKLY (4)ON SCHEDULE (5)MORE QUICKLY/
 X20 (1)IEP DIDN'T CHANGE (2)NO,DK (3)YES/
 X21 (1)NEVER (2)1 TO 3 TIMES YEAR
 (3)4 TO 6 TIMES YEAR (4)7 TO 9 TIMES YEAR
 (5)MORE THAN 9 TIMES YEAR/
 X22 (1)0 TO 20% (2)21 TO 40% (3)41 TO 60%
 (4)61 TO 80% (5)81% +/

X23 (1)NOT VERY IMPORTANT (5)VERY IMPORTANT/
X24 (1)A LITTLE (5)A LOT/
X25 (1)A LITTLE (5)A LOT/
X26 (1)NO DIFFICULTIES LISTED
(0)ONE OR MORE DIFFICULTIES LISTED/
X27 TO X40 (1)NEEDED,PROVIDED,ADEQUATE
(2)NEEDED,PROVIDED,NOT ADEQUATE
(4)NEEDED,NOT PROVIDED,NOT ADEQUATE/
X43 (1)A LITTLE (5)A LOT/
X44 (1)POORLY (5)VERY WELL/
X21 TO X26, X43 TO X44 (0)NO INFO/
TABLES=PROCESS,IMPLEM,TOTAL BY X1

BREAKDOWN
READ INPUT DATA
FINISH

Computer Program File: COMPLETE

```
//IEP JOB (XA.R48,125)
/*JOBPARM LINES=99
// EXEC SPSS
//SYSIN DD *
RUN NAME      IEP COMPLETE FILE
FILE NAME
VARIABLE LIST X1 TO X236
INPUT FORMAT  FIXED(F3.0,6F1.0,F3.1,2F1.0,3F4.2,11F1.0,4F2.0,
                  F1.0,F2.0,15F1.0,F2.0,14F1.0/F3.0,7F1.0,14F3.0,
                  2F2.0,23F1.0/F3.0,8F1.0,F2.0,3F1.0,F2.0,8F1.0,
                  14F2.0,8F3.0/F3.0,F1.0,F3.0,F3.0,7F3.0,7F3.0,17F1.0,
                  F2.0/F3.0,41F1.0,2F2.0,5F1.0)

INPUT MEDIUM CARD
N OF CASES
ALLOCATE      TRANSPACE=30000
RECODE        X190,X191 (1=2)(2,0=1)(3=0)
RECODE        X203 TO X205 (1=0)(0=1)
RECODE        X213 (1=2)(2,0=1)(3=0)
COMPUTE       STATE=X16+X17+X18+X19+X20+X21+X22+X23+X24
COMPUTE       MEMBERS=X31+X32+X33+X34+X35
COMPUTE       COMPTOT=STATE+MEMBERS
COMPUTE       ASSESS=X47+X48+X49+X50+X51
COMPUTE       SERVICES=X83+X84+X85+X86
COMPUTE       GOALS=X93+X94+X95+X96+X97+X98+X121
COMPUTE       QUALTOT=ASSESS+SERVICES+GOALS
COMPUTE       TEAMTOT=X170+X171+X187
COMPUTE       STPROC=X190+X191+X192+X195+X202+X207+X203
COMPUTE       STIMPL=X193+X199+X200+X201+X204+X206
COMPUTE       STTOT=STPROC+STIMPL
COMPUTE       PARPROC=X213+X215+X232+X233+X236
COMPUTE       PARIMPL=X234+X235
COMPUTE       PARTOT=PARPROC+PARIMPL
DO REPEAT     XX=X122 TO X129/XY=X136 TO X143/XZ=X144 TO X151/
COMPUTE       XY=XY
IF            (XX EQ ))XY=999
COMPUTE       XZ=XZ
IF            (XX EQ 0)XZ=999
END REPEAT
MISSING VALUES X136 TO X151 (999)
COMPUTE       X192=X192
IF            (X192 EQ 0)STPROC=999
IF            (X192 EQ 0)STIMPL=999
IF            (X192 EQ 0)STTOT=999
COMPUTE       X208=X208
IF            (X208 EQ 0)PARPROC=999
IF            (X208 EQ 0)PARIMPL=999
IF            (X208 EQ 0)PARTOT=999
ASSIGN MISSING STTOT,PARTOT (999)
DO REPEAT     XX=X156 TO X162/XY=X163 TO X169/XZ=Z1 TO Z7.
COMPUTE       XZ=XX/XY
END REPEAT
DO REPEAT     XX=X156 TO X162/XZ=Z1 TO Z7/XMISMAT=MISMAT1 TO
```



```

COMPUTE      MISMAT7/
END REPEAT   XMISMAT=XZ-XX
PRINT FORMATS X8, X11 TO X13 (2)
VAR LABLES   X1 ID#/
              X2 CARD1/
              X3 RATER/
              X4 TYPE OF HANDICAP/
              X5 TYPE OF IEP/
              X6 GRADE LEVEL/
              X7 ETHNICITY/
              X8 AGE/
              X11 MEAN ON SPQ IEP PROCESS/
              X12 MEAN ON SPQ IMPLMENTATION/
              X13 MEAN ON SPQ TOTAL/
              X14 NUMBER OF SPQS COMPLETED/
              X15 PRESENT LEVELS PERFORMANCE?/
              X16 LONG RANGE GOALS?/
              X17 ANNUAL GOALS?/
              X18 SHORT TERM OBJECTIVES?/
              X19 RELATED SERVICES?/
              X20 PARTICIPATE IN REGULAR EDUCATION?/
              X21 DATES FOR SERVICE?/
              X22 RATIONALE FOR SETTINGS?/
              X23 DURATION OF SERVICES?/
              X24 CRITERIA FOR ACHIEVEMENT?/
              X25 TOTAL 1:# YES COMPLETELY/
              X26 TOTAL 2:#YES PARTIALLY/
              X27 TOTAL 3:# NO/
              X28 TOTAL SCORE ON COMPLIANCE STATEMENTS/
              X29 MORE THAN I SOURCE OF DATA?/
              X30 # OF SOURCES/
              X31 ADMINISTRATOR:DESIGNEE PRESENT?/
              X32 TEACHER PRESENT?/
              X33 PARENTS PRESENT?/
              X34 STUDENT PRESENT?/
              X35 ASSESSMENT TEAM REP PRESENT?/
              X36 OTHER PRESENT?/
              X37 # ASSESSMENTS CA AREA 1/
              X38 # ASSESSMENTS CA AREA 2/
              X39 # ASSESSMENTS CA AREA 3/
              X40 # ASSESSMENTS CA AREA 4/
              X41 # ASSESSMENTS CA AREA 5/
              X42 # ASSESSMENTS CA AREA 6/
              X43 # ASSESSMENTS CA AREA 7/
              X44 # ASSESSMENTS CA AREA 8/
              X45 TOTAL # CURRICULUM AREAS/
              X46 TOTAL # ASSESSMENT PROCEDURES/
              X47 ABILITY DESCRIPTIONS/
              X48 # PUPIL STRENGTHS IDENTIFIED/
              X49 # PUPIL WEAKNESSES IDENTIFIED/
              X50 STRENGTH DESCRIPTIONS/
              X51 FUTURE EXPECTATIONS/

```

X52 # SERVICES TO BE PROVIDED/
X53 ACADEMIC COUNSELOR?/
X54 ADAPTIVE P.E. SPECIALIST?/
X55 NURSE?/
X56 OCCUPATIONAL THERAPIST?/
X57 PHYSICAL THERAPIST?/
X58 PROGRAM SPECIALIST?/
X59 PSYCHOLOGIST?/
X60 REGULAR EDUCATION TEACHER?/
X61 ID2/
X62 CARD2/
X63 RESOURCE SPECIALIST?/
X64 SPECIAL DAY CLASS TEACHER?/
X65 SPECIAL ED AIDES?/
X66 SPEECH AND LANGUAGE SPECIALIST?/
X67 SOCIAL WORKER?/
X68 OTHER?/
X69 COUNSELOR MIN:WEEK/
X70 APE MIN:WEEK/
X71 NURSE MIN:WEEK/
X72 OT MIN:WEEK/
X73 PT MIN:WEEK/
X74 PGM SPEC MIN:WEEK/
X75 PSYCH MIN:WEEK/
X76 REG EDUC MIN:WEEK/
X77 RSP MIN:WEEK/
X78 SDC MIN:WEEK/
X79 AIDE MIN:WEEK/
X80 SPEECH MIN:WEEK/
X81 SOCIAL WORKER MIN:WEEK/
X82 VOC ED MIN:WEEK/
X83 % STAFF SPECIFIED/
X84 % SERVICE TIME SPECIFIED/
X85 DESCRIPTION OF SERVICES/
X86 MINUTES SPECIFIED/
X87 SPEC EDUC SETTING?/
X88 REG EDUC SETTING?/
X89 DESIGNATED SERVICE SETTING?/
X90 RSP SETTING?/
X91 TOTAL # GOALS/
X92 TOTAL # OBJECTIVES/
X93 GOALS WTITTEN?/
X94 % CONDITIONS AND STIMULUS/
X95 % OBSERVABLE PERFORMANCE/
X96 % CRITERIA SPECIFIED/
X97 % BASELINE/
X98 RELATED OBJECTIVES/
X99 COUNSELOR ON TEAM?/
X100 APE ON TEAM?/
X101 NURSE ON TEAM?/
X102 OT ON TEAM?/
X103 PT ON TEAM?/
X104 PGM SPEC ON TEAM?/

X105 PSYCH ON TEAM?/
 X106 REG EDUC ON TEAM?/
 X107 RSP ON TEAM?/
 X108 ID3/
 X109 CARD3/
 X110 SDC ON TEAM?/
 X111 AIDE ON TEAM?/
 X112 SPEECH ON TEAM?/
 X113 SOCIAL WORKER ON TEAM?/
 X114 VOC ED ON TEAM?/
 X115 OTHER ON TEAM?/
 X116
 X117 # ON TEAM/
 X118 MAT'LS SPECIFIED?/
 X121 % RETESTED AND RECORDED/
 X122 CA BY AREA1/
 X123 CA BY AREA2/
 X124 CA BY AREA3/
 X125 CA BY AREA4/
 X126 CA BY AREA5/
 X127 CA BY AREA6/
 X128 CA BY AREA7/
 X129 CA BY AREA8/
 X130 TOTAL CA/
 X131 CA BY SOURCE MA/
 X132 CA BY SOURCE OBJ/
 X133 CA BY SOURCE IEP/
 X134 CA BY SOURCE PROG/
 X135 TOTAL CA BY SOURCE/
 X136 # MATCHES CA1/
 X137 # MATCHES CA2/
 X138 # MATCHES CA3/
 X139 # MATCHES CA4/
 X140 # MATCHES CA5/
 X141 # MATCHES CA6/
 X142 # MATCHES CA7/
 X143 # MATCHES CA8/
 X144 % MATCHES CA1/
 X145 % MATCHES CA2/
 X146 % MATCHES CA3/
 X147 % MATCHES CA4/
 X148 % MATCHES CA5/
 X149 % MATCHES CA6/
 X150 % MATCHES CA7/
 X151 % MATCHES CA8/
 X152 ID4/
 X153 CARD4/
 X154 TOTAL # MATCHES CAS/
 X155 TOTAL % MATCHES CAS/
 X156 # MATCHES MA BY OBJ/
 X157 # MATCHES MA BY IEP S:M:E/
 X158 # MATCHES MA BY PROG S:M:E/
 X159 # MATCHES OBJ BY IEP S:M:E/

X160 # MATCHES OBJ BY PROG S:M:E/
X161 # MATCHES IEP BY PROG/
X162 TOTAL # MATCHES BY SOURCE/
X163 % MATCHES MA BY OBJ/
X164 % MATCHES MA BY IEP S:M:E/
X165 % MATCHES MA BY PROG S:M:E/
X166 % MATCHES OBJ BY PROG S:M:E/
X167 % MATCHES OBJ BY PROG S:M:E/
X168 % MATCHES IEP BY PROG/
X169 TOTAL % MATCHES BY SOURCE/
X170 MA MEETING HELD?/
X171 MA COMPLETED?/
X172 PT ON TEAM/
X173 PSYCH ON TEAM/
X174 COUNSELOR ON TEAM/
X175 RSP ON TEAM/
X176 SDC ON TEAM/
X177 SPEECH ON TEAM/
X178 NURSE ON TEAM/
X179 AIDE ON TEAM/
X180 REG EDUC ON TEAM/
X181 PGM SPEC ON TEAM/
X182 APE ON TEAM/
X183 PARENT ON TEAM/
X184 SOCIAL WORKER ON TEAM/
X185 OT ON TEAM/
X186 OTHER ON TEAM/
X187 # ON TEAM/
X188 ID5/
X189 CARD5/
X190 SEEN IEP STUDENT?/
X191 COPY IEP STUDENT?/
X192 IMPORTANCE OF GOALS/
X193 MORE SERVICES NEEDED?/
X194 TYPE SERVICES NEEDED/
X195 STRENGTH CONSIDERED WELL?/
X196 ADD'L SERVICES NEEDED/
X197 ADD'L SERVICES NEEDED/
X198 ADD'L SERVICES NEEDED/
X199 NEEDS MET/
X200 SERVICES PROVIDED/
X201 AMOUNTS OF SERVICE/
X202 REACH IEP OBJECTIVES STUDENT/
X203 UNREALISTIC OBJECTIVES/
X204 NOT SUFFICIENT SERVICES/
X205 OTHER/
X206 TIME ON OBJECTIVES?/
X207 OFTEN DISCUSS IEP?/
X208 RELATIONSHIP TO STUDENT/
X209 ETHNICITY/
X210 PARENTS' LANGUAGE/
X211 STUDENT'S LANGUAGE/
X212 FAMILIAR WITH IEP?/

X213 COPY IEP PARENTS?/
 X214 OFTEN DISCUSS IEP WITH PARENTS
 X215 NEEDS IDENTIFIED?/
 X216 PT NEED:PROVIDED:ADEQUATE/
 X217 OT N:P:A/
 X218 PSYCH N:P:A/
 X219 COUNSELOR N:P:A/
 X220 RSP N:P:A/
 X221 SDC N:P:A/
 X222 SPEECH N:P:A/
 X223 NURSE N:P:A/
 X224 AIDE N:P:A/
 X225 REG EDUC N:P:A/
 X226 PGM SPEC N:P:A/
 X227 APE N:P:A/
 X228 SOCIAL WORKER N:P:A/
 X229 OTHER N:P:A/
 X230 # NEEDED,NOT PROVIDED/
 X231 # PROVIDED,NOT ADEQUATE/
 X232 STRENGTH CONSIDERED/
 X233 IMPORTANCE OF GOALS2/
 X234 NEEDED SERVICES PROVIDED/
 X235 APPROPRIATE AMOUNTS OF SERVICE/
 X236 RESPONSIVE IEP COMMITTEE?/
 VALUE LABELS X4 (1)COMMUNICATIVELY HANDICAPPED
 (2)LEARNING HANDICAPPED (3)PHYSICALLY HANDICAPPED
 (4)SEVERELY HANDICAPPED/
 X5 (1)MULTIDISCIPLINARY ASSESSMENT
 (2)ANNUAL REVIEW (3)BOTH MA + ARA/
 X6 (1)ELEMENTARY (2)SECONDARY/
 X15 TO X24 (1)NO (2)YES,PARTIALLY
 (3)YES,COMPLETELY/
 X29,X31 TO X36 (0)NO (1)YES/
 X47 (1)VAGUE (5)SPECIFIC (0)NA/
 X50 (1)VAGUE (5)SPECIFIC (0)NA/
 X51,X53 TO X60,X63 TO X68 (0)NO (1)YES/
 X83,X84,X94 TO X97,X121 (1)0 TO 20%
 (2)21 TO 40% (3)41 TO 60% (4)61 TO 80%
 (5)81% +/
 X85 (1)VAGUE (5)SPECIFIC (0) NA/
 X86 (1)NO (2)YES,PARTIALLY (3)YES, COMPLETELY/
 X87 TO X90 (0)NO (1)YES/
 X93 (1)NO AREAS (5)ALL AREAS/
 X98 (1)NONE (5)ALL/
 X99 TO X107,X110 TO X116 (0)NO (1)YES/
 X118 TO X120 (0)NO (1)YES/
 X170 TO X186 (0)NO (1)YES/
 X190 (0)DON'T KNOW (1)NO (2)YES/
 X191 (0)DON'T KNOW (1)NO (2)YES/
 X192 (1)NOT VERY IMPORTANT (5)VERY IMPORTANT/
 X193 (0)NO (1)YES/
 X195 (1)NOT VERY WELL (5)VERY WELL (0)DON'T KNOW/
 X199 (1) A LITTLE (5)A LOT (0)DON'T KNOW/

X200,X201 (1)NOT VERY (5)VERY/
 X202 (0)NO (1)YES/
 X203 TO X205 (0)YES (1)NO/
 X206 (1)0 TO 20% (2)21 TO 40% (3)41 TO 60%
 (4)61 TO 80% (5)81% +/
 X207,X214 (1)NEVER (2)1 TO 3 TIMES YEAR
 (3)4 TO 6 TIMES YEAR (4)7 TO 9 TIMES YEAR
 (5)OVER 9 TIMES YEAR/
 X208 (1)FATHER (2)MOTHER (6)BOTH PARENTS/
 X209 (0)NO INFO (1)HISPANIC (2)ASIAN (3)WHITE
 (4)AMER INDIAN (5)BLACK (6)FILIPINO/
 X210,X211 (1)ENGLISH (2)OTHER/
 X212 (1)NOT FAMILIAR (5)VERY FAMILIAR/
 X213 (1)NO (2)YES (0)DON'T KNOW/
 X215 (1)NOT VERY WELL (5)VERY WELL/
 X216 TO X229 (1)NEEDED,PROVIDED,ADEQUATE
 (2)NEEDED,PROVIDED,NOT ADEQUATE
 (4)NEEDED,NOT PROVIDED,NOT ADEQUATE/
 X232 TO X235 (1)NOT VERY WELL
 (5)VERY WELL (0)DON'T KNOW/
 X236 (1)NOT VERY (5)VERY (0)DIDN'T PARTICIPATE/
 FREQUENCIES GENERAL=X156 TO X169, X15 TO X60,
 OPTIONS X63 TO X107, X110 TO X121, STATE TO PARTOT
 STATISTICS 5,8,9
 READ INPUT DATA ALL
 PEARSON CORR X117, X99 TO X107, X110 TO X115, X8 WITH
 X156 TO X169, STATE TO QUALTOT
 ONEWAY X163 TO X169, STATE TO QUALTOT BY X4 (1,4)/
 RANGES=SCHEFFE (.05)/
 STATISTICS ALL
 ONEWAY X163 TO X169, STATE TO QUALTOT BY X7 (1,)/
 RANGES=SCHEFFE (.05)/
 STATISTICS ALL
 FINISH

Computer Program File: MA ARA

```
//REPMA JOB (XA.R48,125)
/*JOBPARM LINES=99
// EXEC SPSS
//SYSIN DD *
RUN NAME      MA AND ARA COMPARISONS
FILE NAME
VARIABLE LIST X1 TO X338
INPUT FORMAT  FIXED(F3.0,6F1.0,F3.1,2F1.0,3F4.2,11F1.0,4F2.0,
                F1.0,F2.0,15F1.0,F2.0,14F1.0/F3.0,7F1.0,14F3.0,
                2F2.0,23F1.0/F3.0,8F1.0,F2.0,3F1.0,F2.0,8F1.0,
                14F2.0,8F3.0/F3.0,F1.0,F3.0,F3.0,7F3.0,7F3.0/
                F3.0,6F1.0,F3.1,2F1.0,3F4.2,11F1.0,4F2.0,
                F1.0,F2.0,15F1.0,F2.0,14F1.0/F3.0,7F1.0,14F3.0,
                2F2.0,23F1.0/F3.0,8F1.0,F2.0,3F1.0,F2.0,8F1.0,
                14F2.0,8F3.0/F3.0,F1.0,F3.0,F3.0,7F3.0,7F3.0)
INPUT MEDIUM  CARD
N OF CASES
ALLOCATE      TRANSPACE=30000
DO REPEAT     XX=X291 TO X298/XY=X305 TO X312/XZ=X313 TO X320/
COMPUTE       XY=XY
IF            (XX EQ 0)XY=999
COMPUTE       XZ=XZ
IF            (XX EQ 0)XZ=999
END REPEAT
MISSING VALUES X305 TO X320 (999)
COMPUTE       STATE=X16+X17+X18+X19+X20+X21+X22+X23+X24
COMPUTE       MEMBERS=X31+X32+X33+X34+X35
COMPUTE       COMPTOT=STATE+MEMBERS
COMPUTE       ASSESS=X47+X48+X49+X50+X51
COMPUTE       SERVICES=X83+X84+X85+X86
COMPUTE       GOALS=X93+X94+X95+X96+X97+X98+X121
COMPUTE       QUALTOT=ASSESS+SERVICES+GOALS
DO REPEAT     XX=X122 TO X129/XY=X136 TO X143/XZ=X144 TO X151/
COMPUTE       XY=XY
IF            (XX EQ 0)XY=999
COMPUTE       XZ=XZ
IF            (XX EQ 0)XZ=999
END REPEAT
DO REPEAT     XX=X156 TO X162/XY=X163 TO X169/XZ=Z1 TO Z7/
COMPUTE       XZ=XX/XY
END REPEAT
DO REPEAT     XX=Z1 TO Z7/XMISMAT=MISMAT1 TO MISMAT7/
COMPUTE       XY=X156 TO X162/
COMPUTE       XMISMAT=XX-XY
END REPEAT
MISSING VALUES X136 TO X151 (999)
COMPUTE       STATE2=X185+X186+X187+X188+X189+X190+X191+X192+X193
COMPUTE       MEMBERS2=X200+X201+X202+X203+X204
COMPUTE       COMPTOT2=STATE+MEMBERS2
COMPUTE       ASSESS2=X216+X217+X218+X219+X220
COMPUTE       SERVICE2=X252+X253+X254+X255
COMPUTE       GOALS2=X262+X263+X264+X265+X266+X267+X290
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COMPUTE      QUALTOT2=ASSESS2+SERVICE2+GOALS2
DO REPEAT   XX=X325 TO X331/XY=332 TO X338/XZ=Z1 TO Z7/
COMPUTE     XZ=XX/XY
END REPEAT
DO REPEAT   XX=X325 TO X331/XZ=Z1 TO Z7/XMISM=MISM1 TO MISM7/
COMPUTE     XMISM=XZ-XX
END REPEAT
DO REPEAT   XX=X156 TO X162,X163 TO X169,MISMAT1 TO MISMAT7/
            XY=X325 TO X338,MISM1 TO MISM7/
            XDIFF=DIFF1 TO DIFF21/
COMPUTE     XDIFF=XX-XY
END REPEAT
DO REPEAT   XX=STATE TO QUALTOT,X46,X52,X91,X92/
            XY=STATE2 TO QUALTOT2,X215,X221,X260,X261/
            XDIF=DIF1 TO DIF11/
COMPUTE     XDIF=XX-XY
END REPEAT
PRINT FORMATS X8,X11 TO X13 (2)
VAR LABELS  X1 ID#/
            X2 CARD1/
            X3 RATER/
            X4 TYPE OF HANDICAP/
            X5 TYPE OF IEP/
            X6 GRADE LEVEL/
            X7 ETHNICITY/
            X8 AGE/
            X11 MEAN ON SPQ IEP PROCESS/
            X12 MEAN ON SPQ IMPLMENTATION/
            X13 MEAN ON SPQ TOTAL/
            X14 NUMBER OF SPQS COMPLETED/
            X15 PRESENT LEVELS PERFORMANCE?/
            X16 LONG RANGE GOALS?/
            X17 ANNUAL GOALS?/
            X18 SHORT TERM OBJECTIVES?/
            X19 RELATED SERVICES?/
            X20 PARTICIPATE IN REGULAR EDUCATION?/
            X21 DATES FOR SERVICE?/
            X22 RATIONALE FOR SETTINGS?/
            X23 DURATION OF SERVICES?/
            X24 CRITERIA FOR ACHIEVEMENT?/
            X25 TOTAL 1:# YES COMPLETELY/
            X26 TOTAL 2:# YES PARTIALLY/
            X27 TOTAL 3:# NO/
            X28 TOTAL SCORE ON COMPLIANCE STATEMENTS/
            X29 MORE THAN 1 SOURCE OF DATA?/
            X30 # OF SOURCES
            X31 ADMINISTRATOR:DESIGNEE PRESENT?/
            X32 TEACHER PRESENT?/
            X33 PARENTS PRESENT?/
            X34 STUDENT PRESENT?/
            X35 ASSESSMENT TEAM REP PRESENT?/
            X36 OTHER PRESENT?/
            X37 # ASSESSMENTS CA AREA1/

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X38 # ASSESSMENTS CA AREA2/
X39 # ASSESSMENTS CA AREA3/
X40 # ASSESSMENTS CA AREA4/
X41 # ASSESSMENTS CA AREA5/
X42 # ASSESSMENTS CA AREA6/
X43 # ASSESSMENTS CA AREA7/
X44 # ASSESSMENTS CA AREA8/
X45 TOTAL NUMBER CURRICULUM AREAS/
X46 TOTAL # ASSESSMENT PROCEDURES/
X47 ABILITY DESCRIPTIONS/
X48 # PUPIL STRENGTHS IDENTIFIED/
X49 # PUPIL WEAKNESSES IDENTIFIED/
X50 STRENGTH DESCRIPTIONS/
X51 FUTURE EXPECTATIONS/
X52 # SERVICES TO BE PROVIDED/
X53 ACADEMIC COUNSELOR?/
X54 ADAPTIVE P.E. SPECIALIST?/
X55 NURSE?/
X56 OCCUPATIONAL THERAPIST?/
X57 PHYSICAL THERAPIST?/
X58 PROGRAM SPECIALIST?/
X59 PSYCHOLOGIST?/
X60 REGULAR EDUCATION TEACHER?/
X61 ID2/
X62 CARD2/
X63 RESOURCE SPECIALIST?/
X64 SPECIAL DAY CLASS TEACHER?/
X65 SPECIAL ED AIDES?/
X66 SPEECH AND LANGUAGE SPECIALIST?/
X67 SOCIAL WORKER?/
X68 OTHER?/
X69 COUNSELOR MIN:WEEK/
X70 APE MIN:WEEK/
X71 NURSE MIN:WEEK/
X72 OT MIN:WEEK/
X73 PT MIN:WEEK/
X74 PGM SPEC MIN:WEEK/
X75 PSYCH MIN:WEEK/
X76 REG EDUC MIN:WEEK/
X77 RSP MIN:WEEK/
X78 SDC MIN:WEEK/
X79 AIDE MIN:WEEK/
X80 SPEECH MIN:WEEK/
X81 SOCIAL WORKER MIN:WEEK/
X82 VOC ED MIN:WEEK/
X83 % STAFF SPECIFIED/
X84 % SERVICE TIME SPECIFIED/
X85 DESCRIPTION OF SERVICES/
X86 MINUTES SPECIFIED/
X87 SPEC EDUC SETTING?/
X88 REG EDUC SETTING?/
X89 DESIGNATED SERVICE SETTING?/
X90 RSP SETTING?/

X91 TOTAL # GOALS/
X92 TOTAL # OBJECTIVES/
X93 GOALS WRITTEN?/
X94 % CONDITIONS AND STIMULUS/
X95 % OBSERVABLE PERFORMANCE/
X96 % CRITERIA SPECIFIED/
X97 % BASELINE/
X98 RELATED OBJECTIVES/
X99 COUNSELOR ON TEAM?/
X100 APE ON TEAM?/
X101 NURSE ON TEAM?/
X102 OT ON TEAM?/
X103 PT ON TEAM?/
X104 PGM SPEC ON TEAM?/
X105 PSYCH ON TEAM?/
X106 REG EDUC ON TEAM?/
X107 RSP ON TEAM?/
X108 ID3/
X109 CARD3/
X110 SDC ON TEAM?/
X111 AIDE ON TEAM?/
X112 SPEECH ON TEAM?/
X113 SOCIAL WORKER ON TEAM?/
X114 VOC ED ON TEAM?/
X115 OTHER ON TEAM?/
X116
X117 # ON TEAM/
X118 MAT'LS SPECIFIED?/
X121 % RETESTED AND RECORDED/
X122 CA BY AREA1/
X123 CA BY AREA2/
X124 CA BY AREA3/
X125 CA BY AREA4/
X126 CA BY AREA5/
X127 CA BY AREA6/
X128 CA BY AREA7/
X129 CA BY AREA8/
X130 TOTAL CA/
X131 CA BY SOURCE MA/
X132 CA BY SOURCE OBJ/
X133 CA BY SOURCE IEP/
X134 CA BY SOURCE PROG/
X135 TOTAL CA BY SOURCE/
X136 # MATCHES CA1/
X137 # MATCHES CA2/
X138 # MATCHES CA3/
X139 # MATCHES CA4/
X140 # MATCHES CA5/
X141 # MATCHES CA6/
X142 # MATCHES CA7/
X143 # MATCHES CA8/
X144 % MATCHES CA1/
X145 % MATCHES CA2/

VALUE LABELS

X146 % MATCHES CA3/
 X147 % MATCHES CA4/
 X148 % MATCHES CA5/
 X149 % MATCHES CA6/
 X150 % MATCHES CA7/
 X151 % MATCHES CA8/
 X152 ID4/
 X153 CARD4/
 X154 TOTAL # MATCHES CAS/
 X155 TOTAL % MATCHES CAS/
 X156 # MATCHES MA BY OBJ/
 X157 # MATCHES MA BY IEP S:M:E/
 X158 # MATCHES MA BY PROG S:M:E/
 X159 # MATCHES OBJ BY IEP S:M:E/
 X160 # MATCHES OBJ BY PROG S:M:E/
 X161 # MATCHES IEP BY PROG/
 X162 TOTAL # MATCHES BY SOURCE/
 X163 % MATCHES MA BY OBJ/
 X164 % MATCHES MA BY IEP S:M:E/
 X165 % MATCHES MA BY PROG S:M:E/
 X166 % MATCHES OBJ BY IEP S:M:E/
 X167 % MATCHES OBJ BY PROG S:M:E/
 X168 % MATCHES IEP BY PROG/
 X169 TOTAL % MATCHES BY SOURCE/
 X4 (1)COMMUNICATIVELY HANDICAPPED
 (2)LEARNING HANDICAPPED (3)PHYSICALLY HANDICAPPED
 (4)SEVERELY HANDICAPPED/
 X5 (1)MULTIDISCIPLINARY ASSESSMENT
 (2)ANNUAL REVIEW/
 X6 (1)ELEMENTARY (2)SECONDARY/
 X15 TO X24 (1)NO (2)YES,PARTIALLY
 (3)YES, COMPLETELY/
 X29,X31 TO X36 (0)NO (1)YES/
 X47 (1)VAGUE (5)SPECIFIC (0)NA/
 X50 (1)VAGUE (5)SPECIFIC (0)NA/
 X51,X53 TO X60,X63 TO X68 (0)NO (1)YES/
 X83,X84,X94 TO X97,X121 (1)0 TO 20%
 (2)21 TO 40% (3)41 TO 60% (4)61 TO 80%
 (5)81% +/
 X85 (1)VAGUE (5)SPECIFIC (0)NA/
 X86 (1)NO (2)YES,PARTIALLY (3)YES,COMPLETELY/
 X87 TO X90 (0)NO (1)YES/
 X93 (1)NO AREAS (5)ALL AREAS/
 X98 (1)NONE (5)ALL/
 X99 TO X107,X110 TO X116 (0)NO (1)YES/
 X118 TO X120 (0)NO (1)YES/
 X184 TO X193 (1)NO (2)YES,PARTIALLY
 (3)YES COMPLETELY/
 X200 TO X205 (0)NO (1)YES/
 X216,X219 (1)VAGUE (5)SPECIFIC (0)NA/
 X220,X222 TO X229,X232 TO X237 (0)NO (1)YES/
 X252,X253,X263 TO X266,X290 (1)0 TO 20%
 (2)21 TO 40% (3)41 TO 60% (4)61 TO 80%

(5)81% +/-
 X254 (1)VAGUE (5)SPECIFIC (0)NA/
 X255 (1)NO (2)YES PARTIALLY (3)YES COMPLETELY/
 X256 TO X259 (0)NO (1)YES/
 X262 (1)NO AREAS (5)ALL AREAS/
 X267 (1)NONE (5)ALL/
 X269 TO X276,X279 TO X285 (0)NO (1)YES/
 X287 TO X289 (0)NO (1)YES/
 X4(A),X1(A)
 SORT CASES
 READ INPUT DATA
 T-TEST PAIRS=X163 WITH X332/X164 WITH X333/
 X165 WITH X334/X166 WITH X335/X167 WITH X336/
 X168 WITH X337/X169 WITH X338
 READ INPUT DATA
 T-TEST PAIRS=STATE WITH STATEZ/MEMBERS WITH MEMBERS2/
 COMPTOT WITH COMPTOT2/ASSESS WITH ASSESS2/
 SERVICES WITH SERVICE2/GOALS WITH GOALS2/
 QUALTOT WITH QUALTOT2

Computer Program File: IEP REPMA

```
//REPMA JOB (XA.R48,125)
/*JOBPARM LINES=99
// EXEC SPSS
//SYSIN DD *
RUN NAME      MA AND ARA COMPARISONS
FILE NAME
VARIABLE LIST X1 TO X338
INPUT FORMAT  FIXED(F3.0,6F1.0,F3.1,2F1.0,3F4.2,11F1.0,4F2.0,
                  F1.0,F2.0,15F1.0,F2.0,14F1.0/F3.0,7F1.0,14F3.0,
                  2F2.0,23F1.0/F3.0,8F1.0,F2.0,3F1.0,F2.0,8F1.0,
                  14F2.0,8F3.0/F3.0,F1.0,F3.0,F3.0,7F3.0,7F3.0/
                  F3.0,6F1.0,F3.1,2F1.0,3F4.2,11F1.0,4F2.0,
                  F1.0,F2.0,15F1.0,F2.0,14F1.0/F3.0,7F1.0,14F3.0,
                  2F2.0,23F1.0/F3.0,8F1.0,F2.0,3F1.0,F2.0,8F1.0,
                  14F2.0,8F3.0/F3.0,F1.0,F3.0,F3.0,7F3.0,7F3.0)
INPUT MEDIUM  CARD
N OF CASES
ALLOCATE      TRANSPACE=30000
DO REPEAT     XX=X291 TO X298/XY=X305 TO X312/XZ=X313 TO X320/
COMPUTE       XY=XY
IF            (XX EQ 0)XY=999
COMPUTE       XZ=XZ
IF            (XX EQ 0)XZ=999
END REPEAT
MISSING VALUES X305 TO X320 (999)
COMPUTE       STATE=X16+X17+X18+X19+X20+X21+X22+X23+X24
COMPUTE       MEMBERS=X31+X32+X33+X34+X35
COMPUTE       COMPTOT=STATE+MEMBERS
COMPUTE       ASSESS=X47+X48+X49+X50+X51
COMPUTE       SERVICES=X83+X84+X85+X86
COMPUTE       GOALS=X93+X94+X95+X96+X97+X98+X121
COMPUTE       QUALTOT=ASSESS+SERVICES+GOALS
DO REPEAT     XX=X122 TO X129/XY=X136 TO X143/XZ=X144 TO X151/
COMPUTE       XY=XY
IF            (XX EQ 0)XY=999
COMPUTE       XZ=XZ
IF            (XX EQ 0)XZ=999
END REPEAT
DO REPEAT     XX=X156 TO X162/XY=X163 TO X169/XZ=Z1 TO Z7/
COMPUTE       XZ=XX/XY
END REPEAT
DO REPEAT     XX=Z1 TO Z7/XMISMAT=MISMAT1 TO MISMAT7/
COMPUTE       XY=X156 TO X162/
COMPUTE       XMISMAT=XX-XY
END REPEAT
MISSING VALUES X136 TO X151 (999)
COMPUTE       STATE2=X185+X186+X187+X188+X189+X190+X191+X192+X193
COMPUTE       MEMBERS2=X200+X201+X202+X203+X204
COMPUTE       COMPTOT2=STATE2+MEMBERS2
COMPUTE       ASSESS2=X216+X217+X218+X219+X220
COMPUTE       SERVICE2=X252+X253+X254+X255
COMPUTE       GOALS2=X262+X263+X264+X265+X266+X267+X290
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COMPUTE      QUALTOT2=ASSESS2+SERVICE2+GOALS2
DO REPEAT    XX=X325 TO X331/XY=X332 TO X338/XZ=Z1 TO Z7/
COMPUTE      XZ=XX/XY
END REPEAT
DO REPEAT    XX=X325 TO X331/XZ=Z1 TO Z7/XMISM=MISM1 TO MISM7/
COMPUTE      XMISM=XZ-XX
END REPEAT
DO REPEAT    XX=X156 TO X162,X163 TO X169,MISMAT1 TO MISMAT7/
              XY=X325 TO X338,MISM1 TO MISM7/
              XDIFF=DIFF1 TO DIFF21/
COMPUTE      XDIFF=XX-XY
END REPEAT
DO REPEAT    XX=STATE TO QUALTOT,X46,X52,X91,X92/
              XY=STATE2 TO QUALTOT2,X215,X221,X260,X261/
              XDIF=DIF1 TO DIF11/
COMPUTE      XDIF=XX-XY
END REPEAT
PRINT FORMATS
VAR LABELS   X8,X11 TO X13 (2)
              X1 ID#/
              X2 CARD1/
              X3 RATER/
              X4 TYPE OF HANDICAP/
              X5 TYPE OF IEP/
              X6 GRADE LEVEL/
              X7 ETHNICITY/
              X8 AGE/
              X11 MEAN ON SPQ IEP PROCESS/
              X12 MEAN ON SPQ IMPLEMENTATION/
              X13 MEAN ON SPQ TOTAL/
              X14 NUMBER OF SPQS COMPLETED/
              X15 PRESENT LEVELS PERFORMANCE?/
              X16 LONG RANGE GOALS?/
              X17 ANNUAL GOALS?/
              X18 SHORT TERM OBJECTIVES?/
              X19 RELATED SERVICES?/
              X20 PARTICIPATE IN REGULAR EDUCATION?/
              X21 DATES FOR SERVICE?/
              X22 RATIONALE FOR SETTINGS?/
              X23 DURATION OF SERVICES?/
              X24 CRITERIA FOR ACHIEVEMENT?/
              X25 TOTAL 1:# YES COMPLETELY/
              X26 TOTAL 2:# YES PARTIALLY/
              X27 TOTAL 3:# NO/
              X28 TOTAL SCORE ON COMPLIANCE STATEMENTS/
              X29 MORE THAN 1 SOURCE OF DATA?/
              X30 # OF SOURCES/
              X31 ADMINISTRATOR:DESIGNEE PRESENT?/
              X32 TEACHER PRESENT?/
              X33 PARENTS PRESENT?/
              X34 STUDENT PRESENT?/
              X35 ASSESSMENT TEAM REP PRESENT?/
              X36 OTHER PRESENT?/
              X37 # ASSESSMENTS CA AREA 1/

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X38 # ASSESSMENTS CA AREA 2/
 X39 # ASSESSMENTS CA AREA 3/
 X40 # ASSESSMENTS CA AREA 4/
 X41 # ASSESSMENTS CA AREA 5/
 X42 # ASSESSMENTS CA AREA 6/
 X43 # ASSESSMENTS CA AREA 7/
 X44 # ASSESSMENTS CA AREA 8/
 X45 TOTAL NUMBER CURRICULUM AREAS/
 X46 TOTAL # ASSESSMENT PROCEDURES/
 X47 ABILITY DESCRIPTIONS/
 X48 # PUPIL STRENGTHS IDENTIFIED/
 X49 # PUPIL WEAKNESSES IDENTIFIED/
 X50 STRENGTH DESCRIPTIONS/
 X51 FUTURE EXPECTATIONS/
 X52 # SERVICES TO BE PROVIDED/
 X53 ACADEMIC COUNSELOR?/
 X54 ADAPTIVE P.E. SPECIALIST?/
 X55 NURSE?/
 X56 OCCUPATIONAL THERAPIST?/
 X57 PHYSICAL THERAPIST?/
 X58 PROGRAM SPECIALIST?/
 X59 PSYCHOLOGIST?/
 X60 REGULAR EDUCATION TEACHER?/
 X61 ID2/
 X62 CARD2/
 X63 RESOURCE SPECIALIST?/
 X64 SPECIAL DAY CLASS TEACHER?/
 X65 SPECIAL ED AIDES?/
 X66 SPEECH AND LANGUAGE SPECIALIST?/
 X67 SOCIAL WORKER?/
 X68 OTHER?/
 X69 COUNSELOR MIN:WEEK/
 X70 APE MIN:WEEK/
 X71 NURSE MIN:WEEK/
 X72 OT MIN:WEEK/
 X73 PT MIN:WEEK/
 X74 PGM SPEC MIN:WEEK/
 X75 PSYCH MIN:WEEK/
 X76 REG EDUC MIN:WEEK/
 X77 RSP MIN:WEEK/
 X78 SDC MIN:WEEK/
 X79 AIDE MIN:WEEK/
 X80 SPEECH MIN:WEEK/
 X81 SOCIAL WORKER MIN:WEEK/
 X82 VOC ED MIN:WEEK/
 X83 % STAFF SPECIFIED/
 X84 % SERVICE TIME SPECIFIED/
 X85 DESCRIPTION OF SERVICES/
 X86 MINUTES SPECIFIED/
 X87 SPEC EDUC SETTING?/
 X88 REG EDUC SETTING?/
 X89 DESIGNATED SERVICE SETTING?/
 X90 RSP SETTING?/

X91 TOTAL # GOALS/
X92 TOTAL # OBJECTIVES/
X93 GOALS WRITTEN?/
X94 % CONDITIONS AND STIMULUS/
X95 % OBSERVABLE PERFORMANCE/
X96 CRITERIA SPECIFIED/
X97 % BASELINE/
X98 RELATED OBJECTIVES/
X99 COUNSELOR ON TEAM?/
X100 APE ON TEAM?/
X101 NURSE ON TEAM?/
X102 OT ON TEAM?/
X103 PT ON TEAM?/
X104 PGM SPEC ON TEAM?/
X105 PSYCH ON TEAM?/
X106 REG EDUC ON TEAM?/
X107 RSP ON TEAM?/
X108 ID3/
X109 CARD3/
X110 SDC ON TEAM?/
X111 AIDE ON TEAM?/
X112 SPEECH ON TEAM?/
X113 SOCIAL WORKER ON TEAM?/
X114 VOC ED ON TEAM?/
X115 OTHER ON TEAM?/
X116
X117 # ON TEAM/
X118 MAT'LS SPECIFIED?/
X121 % RETESTED AND RECORDED/
X122 CA BY AREA1/
X123 CA BY AREA2/
X124 CA BY AREA3/
X125 CA BY AREA4/
X126 CA BY AREA5/
X127 CA BY AREA6/
X128 CA BY AREA7/
X129 CA BY AREA8/
X130 TOTAL CA/
X131 CA BY SOURCE MA/
X132 CA BY SOURCE OBJ/
X133 CA BY SOURCE IEP/
X134 CA BY SOURCE PROG/
X135 TOTAL CA BY SOURCE/
X136 # MATCHES CA1/
X137 # MATCHES CA2/
X138 # MATCHES CA3/
X139 # MATCHES CA4/
X140 # MATCHES CA5/
X141 # MATCHES CA6/
X142 # MATCHES CA7/
X143 # MATCHES CA8/
X144 % MATCHES CA1/
X145 % MATCHES CA2/

VALUE LABELS

X146 % MATCHES CA3/
 X147 % MATCHES CA4/
 X148 % MATCHES CA5/
 X149 % MATCHES CA6/
 X150 % MATCHES CA7/
 X151 % MATCHES CA8/
 X152 ID4/
 X153 CARD4/
 X154 TOTAL # MATCHES CAS/
 X155 TOTAL % MATCHES CAS/
 X156 # MATCHES MA BY OBJ/
 X157 # MATCHES MA BY IEP S:M:E/
 X158 # MATCHES MA BY PROG S:M:E/
 X159 # MATCHES OBJ BY IEP S:M:E/
 X160 # MATCHES OBJ BY PROG S:M:E/
 X161 # MATCHES IEP BY PROG/
 X162 TOTAL # MATCHES BY SOURCE/
 X163 % MATCHES MA BY OBJ/
 X164 % MATCHES MA BY IEP S:M:E/
 X165 % MATCHES MA BY PROG S:M:E/
 X166 % MATCHES OBJ BY IEP S:M:E/
 X167 % MATCHES OBJ BY PROG S:M:E/
 X168 % MATCHES IEP BY PROG/
 X169 TOTAL % MATCHES BY SOURCE/
 X4 (1)COMMUNICATIVELY HANDICAPPED
 (2)LEARNING HANDICAPPED (3)PHYSICALLY HANDICAPPED
 (4)SEVERELY HANDICAPPED/
 X5 (1)MULTIDISCIPLINARY ASSESSMENT
 (2)ANNUAL REVIEW/
 X6 (1)ELEMENTARY (2)SECONDARY/
 X15 TO X24 (1)NO (2)YES,PARTIALLY
 (3)YES,COMPLETELY/
 X29,X31 TO X36 (0)NO (1)YES/
 X47 (1)VAGUE (5)SPECIFIC (0)NA/
 X50 (1)VAGUE (5)SPECIFIC (0)NA/
 X51,X53 TO X60,X63 TO X68 (0)NO (1)YES/
 X83,X84,X94 TO X97,X121 (1)0 TO 20%
 (2)21 TO 40% (3)41 TO 60% (4)61 TO 80%
 (5)81% +/
 X85 (1)VAGUE (5)SPECIFIC (0) NA/
 X86 (1)NO (2)YES,PARTIALLY (3)YES,COMPLETELY/
 X87 TO X90 (0)NO (1)YES/
 X93 (1)NO AREAS (5)ALL AREAS/
 X98 (1)NONE (5)ALL/
 X99 TO X107,X110 TO X116 (0)NO (1)YES/
 X118 TO X120 (0)NO (1)YES/
 X184 TO X193 (1)NO (2)YES PARTIALLY
 (3)YES COMPLETELY/
 X200 TO X205 (0)NO (1)YES/
 X216,X219 (1)VAGUE (5)SPECIFIC (0)NA/
 X220,X222 TO X229,X232 TO X237 (0)NO (1)YES/
 X252,X253,X263 TO X266,X290 (1)0 TO 20%
 (2)21 TO 40% (3)41 TO 60% (4)61 TO 80%

SORT CASES
READ INPUT DATA
REPORT

```
(5)81% +/
X254 (1)VAGUE (5)SPECIFIC (0)NA/
X255 (1)NO (2)YES PARTIALLY (3)YES COMPLETELY/
X256 TO X259 (0)NO (1)YES/
X262 (1)NO AREAS (5)ALL AREAS/
X267 (1)NONE (5)ALL/
X269 TO X276,X279 TO X285 (0)NO (1)YES/
X287 TO X289 (0)NO (1)YES/
X4(A),X1(A)

FORMAT=LIST,TOTAL/STRING=A(")/
VARS=X1 'STUDENT' 'CODE' 'NUMBER' (8)
X154 'MA' 'TOTAL' 'NUMBER' 'MATCHES' 'BY' 'CURRIC'
'ULUM' 'AREAS' (8)
X323 'ARA' 'TOTAL' 'NUMBER' 'BY' 'CURRIC'
'ULUM' 'AREAS' (8)
X155 'MA' 'PERCENT' 'MATCHES' 'BY' 'CURRIC' 'ULUM'
'AREAS' (8)
X324 'ARA' 'PERCENT' 'MATCHES' 'BY' 'CURRIC' 'ULUM'
'AREAS' (8)
X156 'MA' 'NUMBER' 'MATCHES' 'ASSESS' 'MENT' 'BY'
'OBJECT' 'IVES' (8)
X325 'ARA' 'NUMBER' 'MATCHES' 'ASSESS' 'MENT' 'BY'
'OBJECT' 'IVES' (8)
X157 'MA' 'NUMBER' 'MATCHES' 'ASSESS' 'MENT' 'BY'
'IEP' 'SERVICES' 'LISTED' (8)
X326 'ARA' 'NUMBER' 'MATCHES' 'ASSESS' 'MENT' 'BY'
'IEP' 'SERVICES' 'LISTED' (8)
X158 'MA' 'NUMBER' 'MATCHES' 'ASSESS' 'MENT' 'BY'
'PROGRAM' 'SERVICES' 'GIVEN' (8)/
X327 'ARA' 'NUMBER' 'MATCHES' 'ASSESS' 'MENT' 'BY'
'PROGRAM' 'SERVICES' 'GIVEN' (8)
CHEAD='MATCHES AMONG ASSESSMENT,OBJECTIVES,PROGRAMS
BY TYPE OF IEP'/
BREAK=A(1)/
SUMMARY=VALIDN,MEAN,STDEV,MEDIAN(0,100)( X154, X323,
X155,X324,X156,X325,X157,X326,X158,X327)/
FORMAT=LIST,TOTAL/STRING=A(")/
VARS=X1 'STUDENT' 'CODE' 'NUMBER' (8)
X159 'MA' 'NUMBER' 'MATCHES' 'OBJECT' 'IVES' 'BY'
'IEP' 'SERVICES' 'LISTED' (8)
X328 'ARA' 'NUMBER' 'MATCHES' 'OBJECT' 'IVES' 'BY'
'IEP' 'SERVICES' 'LISTED' (8)
X160 'MA' 'NUMBER' 'MATCHES' 'OBJECT' 'IVES' 'BY'
'PROGRAM' 'SERVICES' 'GIVEN' (8)
X329 'ARA' 'NUMBER' 'MATCHES' 'OBJECT' 'IVES' 'BY'
'PROGRAM' 'SERVICES' 'GIVEN' (8)
X161 'MA' 'NUMBER' 'MATCHES' 'IEP' 'SERVICES' 'LISTED'
'BY' 'PROGRAM' 'SERVICES' 'GIVEN' (8)
X330 'ARA' 'NUMBER' 'MATCHES' 'IEP' 'SERVICES' 'LISTED'
'BY' 'PROGRAM' 'SERVICES' 'GIVEN' (8)
X162 'MA' 'TOTAL' 'NUMBER' 'MATCHES' 'BY' 'SOURCE' (8)
X331 'ARA' 'TOTAL' 'NUMBER' 'MATCHES' 'BY' 'SOURCE' (8)
```

REPORT

REPORT

```

CHEAD='MATCHES AMONG ASSESSMENT,OBJECTIVES,PROGRAMS
BY TYPE OF IEP'/
BREAK=A(1)/
SUMMARY=VALIDN,MEAN,STDEV,MEDIAN(0,100)(X159,X328,
X160,X329,X161,X330,X162,X331)/
FORMAT=LIST,TOTAL/STRING=A("/)
VARS=X1 'STUDENT' 'CODE' 'NUMBER' (8)
X163 'MA' 'PERCENT' 'MATCHES' 'ASSESS' 'MENT' 'BY'
'OBJECT' 'IVES' (8)
X332 'ARA' 'PERCENT' 'MATCHES' 'ASSESS' 'MENT' 'BY'
'OBJECT' 'IVES' (8)
X164 'MA' 'PERCENT' 'MATCHES' 'ASSESS' 'MENT' 'BY'
'IEP' 'SERVICES' 'LISTED' (8)
X333 'ARA' 'PERCENT' 'MATCHES' 'ASSESS' 'MENT' 'BY'
'IEP' 'SERVICES' 'LISTED' (8)
X165 'MA' 'PERCENT' 'MATCHES' 'ASSESS' 'MENT' 'BY'
'PROGRAM' 'SERVICES' 'GIVEN' (8)
X334 'ARA' 'PERCENT' 'MATCHES' 'ASSESS' 'MENT' 'BY'
'PROGRAM' 'SERVICES' 'GIVEN' (8)
CHEAD='PERCENT MATCHES AMONG ASSESSMENT,OBJECTIVES,
PROGRAMS BY TYPE OF IEP'/
BREAK=A(1)
SUMMARY=VALIDN,MEAN,STDEV,MEDIAN(0,100)(X163,X332,
X164,X333,X165,X334)/
FORMAT=LIST,TOTAL/STRING=A("/)
VARS=X1 'STUDENT' 'CODE' 'NUMBER' (8)
X166 'MA' 'PERCENT' 'MATCHES' 'OBJECT' 'IVES' 'BY'
'IEP' 'SERVICES' 'LISTED' (8)
X335 'ARA' 'PERCENT' 'MATCHES' 'OBJECT' 'IVES' 'BY'
'IEP' 'SERVICES' 'LISTED' (8)
X167 'MA' 'PERCENT' 'MATCHES' 'OBJECT' 'IVES' 'BY'
'PROGRAM' 'SERVICES' 'GIVEN' (8)
X336 'ARA' 'PERCENT' 'MATCHES' 'OBJECT' 'IVES' 'BY'
'PROGRAM' 'SERVICES' 'GIVEN' (8)
X168 'MA' 'PERCENT' 'MATCHES' 'IEP' 'SERVICES' 'LISTED'
'BY' 'PROGRAM' 'SERVICES' 'GIVEN' (8)
X337 'ARA' 'PERCENT' 'MATCHES' 'IEP' 'SERVICES' 'LISTED'
'BY' 'PROGRAM' 'SERVICES' 'GIVEN' (8)
X169 'MA' 'TOTAL' 'PERCENT' 'MATCHES' 'BY' 'SOURCE' (8)
X338 'ARA' 'TOTAL' 'PERCENT' 'MATCHES' 'BY' 'SOURCE' (8)/
CHEAD='PERCENT MATCHES AMONG ASSESSMENT,OBJECTIVES,
PROGRAMS BY TYPE OF IEP'/
BREAK=A(1)/
SUMMARY=VALIDN,MEAN,STDEV,MEDIAN(0,100)(X166,X335,
X167,X336,X168,X337,X169,X338)/

```

REPORT

FINISH

Computer Program File: REPORT

```
//IEP JOB (XA.R48,125)
/*JOBPARM LINES=99
//EXEC SPSS
//SYSIN DD *
RUN NAME      IEP COMPLETE FILE
FILE NAME
VARIABLE LIST X1 TO X236
INPUT FORMAT  FIXED(F3.0,6F1.0,F3.1,2F1.0,3F4.2,11F1.0,4F2.0,
                  F1.0,F2.0,15F1.0,F2.0,14F1.0/F3.0,7F1.0,14F3.0,
                  2F2.0,23F1.0/F3.0,8F1.0,F2.0,3F1.0,F2.0,8F1.0,
                  14F2.0,8F3.0/F3.0,F1.0,F3.0,F3.0,7F3.0,7F3.0,17F1.0,
                  F2.0/F3.0,41F1.0,2F2.0,5F1.0)

INPUT MEDIUM CARD
N OF CASES
ALLOCATE      TRANSPACE=30000
RECODE        X190,X191 (1=2)(2,0=1)(3=0)
RECODE        X203 TO X205 (1=0)(0=1)
RECODE        X213 (1=2)(2,0=1)(3=0)
COMPUTE       STATE=X16+X17+X18+X19+X20+X21+X22+X23+X24
COMPUTE       MEMBERS=X31+X32+X33+X34+X35
COMPUTE       COMPTOT=STATE+MEMBERS
COMPUTE       ASSESS=X47+X48+X49+X50+X51
COMPUTE       SERVICES=X83+X84+X85+X86
COMPUTE       GOALS=X93+X94+X95+X96+X97+X98+X121
COMPUTE       QUALTOT=ASSESS+SERVICES+GOALS
COMPUTE       TEAMTOT=X170+X171+X187
COMPUTE       STPROC=X190+X191+X192+X195+X202+X207+X203
COMPUTE       STIMPL=X193+X199+X200+X201+X204+X206
COMPUTE       STIMPL=X193+X199+X200+X201+X204+X206
COMPUTE       STTOT=STPROC+STIMPL
COMPUTE       PARPROC=X213+X215+X232+X233+X236
COMPUTE       PARIMPL=X234+X235
COMPUTE       PARTOT=PARPROC+PARIMPL
DO REPEAT     XX=X122 TO X129/XY=X136 TO X143/XZ=X144 TO X151/
COMPUTE       XY=XY
IF            (XX EQ 0)XY=999
COMPUTE       XZ=XZ
IF            (XX EQ 0)XZ=999
END REPEAT
MISSING VALUES X136 TO X151 (999)
COMPUTE       X192=X192
IF            (X192 EQ 0)STPROC=999
IF            (X192 EQ 0)STIMPL=999
IF            (X192 EQ 0)STTOT=999
COMPUTE       X208=X208
IF            (X208 EQ 0)PARPROC=999
IF            (X208 EQ 0)PARIMPL=999
IF            (X208 EQ 0)PARTOT=999
ASSIGN MISSING STTOT,PARTOT (999)
DO REPEAT     XX=X156 TO X162/XY=X163 TO X169/XZ=Z1 TO Z7/
COMPUTE       XZ=XX/XY
END REPEAT
```

```

DO REPEAT      XX=X156 TO X162/XZ=Z1 TO Z7/XMISMA=MISMA1 TO
                MISMA7/
COMPUTE        XMISMA=XZ-XX
END REPEAT
PRINT FORMATS X8,X11 TO X13 (2)
VAR LABELS     X1 ID#/
                X2 CARD1/
                X3 RATER/
                X4 TYPE OF HANDICAP
                X5 TYPE OF IEP/
                X6 GRADE LEVEL/
                X7 ETHNICITY/
                X8 AGE/
                X11 MEAN ON SPQ IEP PROCESS/
                X12 MEAN ON SPQ IMPLEMENTATION/
                X13 MEAN ON SPO TOTAL/
                X14 NUMBER OF SPOS COMPLETED/
                X15 PRESENT LEVELS PERFORMANCE?/
                X16 LONG RANGE GOALS?/
                X17 ANNUAL GOALS?/
                X18 SHORT TERM OBJECTIVES?/
                X19 RELATED SERVICES?/
                X20 PARTICIPATE IN REGULAR EDUCATION?/
                X21 DATES FOR SERVICE?/
                X22 RATIONALE FOR SETTINGS?/
                X23 DURATION OF SERVICES?/
                X24 CRITERIA FOR ACHIEVEMENT?/
                X25 TOTAL 1:# YES COMPLETELY/
                X26 TOTAL 2:# YES PARTIALLY/
                X27 TOTAL 3:# NO/
                X28 TOTAL SCORE ON COMPLIANCE STATEMENTS/
                X29 MORE THAN 1 SOURCE OF DATA?/
                X30 # OF SOURCES/
                X31 ADMINISTRATOR:DESIGNEE PRESENT?/
                X32 TEACHER PRESENT?/
                X33 PARENTS PRESENT?/
                X34 STUDENT PRESENT?/
                X35 ASSESSMENT TEAM REP PRESENT?/
                X36 OTHER PRESENT?/
                X37 # ASSESSMENTS CA AREA 1/
                X38 # ASSESSMENTS CA AREA 2/
                X39 # ASSESSMENTS CA AREA 3/
                X40 # ASSESSMENTS CA AREA 4/
                X41 # ASSESSMENTS CA AREA 5/
                X42 # ASSESSMENTS CA AREA 6/
                X43 # ASSESSMENTS CA AREA 7/
                X44 # ASSESSMENTS CA AREA 8/
                X45 TOTAL NUMBER CURRICULUM AREAS/
                X46 TOTAL # ASSESSMENT PROCEDURES/
                X47 ABILITY DESCRIPTIONS/
                X48 # PUPIL STRENGTHS IDENTIFIED/
                X49 # PUPIL WEAKNESSES IDENTIFIED/
                X50 STRENGTH DESCRIPTIONS/

```

X51 FUTURE EXPECTATIONS/
X52 # SERVICES TO BE PROVIDED/
X53 ACADEMIC COUNSELOR?/
X54 ADAPTIVE P.E. SPECIALIST?/
X55 NURSE?/
X56 OCCUPATIONAL THERAPIST?/
X57 PHYSICAL THERAPIST?/
X58 PROGRAM SPECIALIST?/
X59 PSYCHOLOGIST?/
X60 REGULAR EDUCATION TEACHER?/
X61 ID2/
X62 CARD2/
X63 RESOURCE SPECIALIST?/
X64 SPECIAL DAY CLASS TEACHER?/
X65 SPECIAL ED AIDES?/
X66 SPEECH AND LANGUAGE SPECIALIST?/
X67 SOCIAL WORKER?/
X68 OTHER?/
X69 COUNSELOR MIN:WEEK/
X70 APE MIN:WEEK/
X71 NURSE MIN:WEEK/
X72 OT MIN:WEEK/
X73 PT MIN:WEEK/
X74 PGM SPEC MIN:WEEK/
X75 PSYCH MIN:WEEK/
X76 REG EDUC MIN:WEEK/
X77 RSP MIN:WEEK/
X78 SDC MIN:WEEK/
X79 AIDE MIN:WEEK/
X80 SPEECH MIN:WEEK/
X81 SOCIAL WORKER MIN:WEEK/
X82 VOC ED MIN:WEEK/
X83 % STAFF SPECIFIED/
X84 % SERVICE TIME SPECIFIED/
X85 DESCRIPTION OF SERVICES/
X86 MINUTES SPECIFIED/
X87 SPEC EDUC SETTING?/
X88 REG EDUC SETTING?/
X89 DESIGNATED SERVICE SETTING?/
X90 RSP SETTING?/
TOTAL # GOALS/
TOTAL # OBJECTIVES/
X93 GOALS WRITTEN?/
X94 % CONDITIONS AND STIMULUS/
X95 % OBSERVABLE PERFORMANCE/
X96 % CRITERIA SPECIFIED/
X97 % BASELINE/
X98 RELATED OBJECTIVES/
X99 COUNSELOR ON TEAM?/
X100 APE ON TEAM?/
X101 NURSE ON TEAM?/
X102 OT ON TEAM?/
X103 PT ON TEAM?/

X104 PGM SPEC ON TEAM?/
X105 PSYCH ON TEAM?/
X106 REG EDUC ON TEAM?/
X107 RSP ON TEAM?/
X108 ID3/
X109 CARD3/
X110 SDC ON TEAM?/
X111 AIDE ON TEAM?/
X112 SPEECH ON TEAM?/
X113 SOCIAL WORKER ON TEAM?/
X114 VOC ED ON TEAM?/
X115 OTHER ON TEAM?/
X116
X117 # ON TEAM/
X118 MAT'LS SPECIFIED?/
X121 % RETESTED AND RECORDED/
X122 CA BY AREA1/
X123 CA BY AREA2/
X124 CA BY AREA3/
X125 CA BY AREA4/
X126 CA BY AREA5/
X127 CA BY AREA6/
X128 CA BY AREA7/
X129 CA BY AREA8/
X130 TOTAL CA/
X131 CA BY SOURCE MA/
X132 CA BY SOURCE OBJ/
X133 CA BY SOURCE IEP/
X134 CA BY SOURCE PROG/
X135 TOTAL CA BY SOURCE/
X136 # MATCHES CA1/
X137 # MATCHES CA2/
X138 # MATCHES CA3/
X139 # MATCHES CA4/
X140 # MATCHES CA5/
X141 # MATCHES CA6/
X142 # MATCHES CA7/
X143 # MATCHES CA8/
X144 % MATCHES CA1/
X145 % MATCHES CA2/
X146 % MATCHES CA3/
X147 % MATCHES CA4/
X148 % MATCHES CA5/
X149 % MATCHES CA6/
X150 % MATCHES CA7/
X151 % MATCHES CA8/
X152 ID4/
X153 CARD4/
X154 TOTAL # MATCHES CAS/
X155 TOTAL % MATCHES CAS/
X156 # MATCHES MA BY OBJ/
X157 # MATCHES MA BY IEP S:M:E/
X158 # MATCHES MA BY PROG S:M:E/

X159 # MATCHES OBJ BY IEP S:M:E/
X160 # MATCHES OBJ BY PROG S:M:E/
X161 # MATCHES IEP BY PROG/
X162 TOTAL # MATCHES BY SOURCE/
X163 % MATCHES MA BY OBJ/
X164 % MATCHES MA BY IEP S:M:E/
X165 % MATCHES MA BY PROG S:M:E/
X166 % MATCHES OBJ BY IEP S:M:E/
X167 % MATCHES OBJ BY PROG S:M:E/
X168 % MATCHES IEP BY PROG/
X169 TOTAL % MATCHES BY SOURCE/
X170 MA MEETING HELD?/
X171 MA COMPLETED?/
X172 PT ON TEAM/
X173 PSYCH ON TEAM/
X174 COUNSELOR ON TEAM/
X175 RSP ON TEAM/
X176 SDC ON TEAM/
X177 SPEECH ON TEAM/
X178 NURSE ON TEAM/
X179 AIDE ON TEAM/
X180 REG EDUC ON TEAM/
X181 PGM SPEC ON TEAM/
X182 APE ON TEAM/
X183 PARENT ON TEAM/
X184 SOCIAL WORKER ON TEAM/
X185 OT ON TEAM/
X186 OTHER ON TEAM/
X187 # ON TEAM/
X188 ID5/
X189 CARD5/
X190 SEEN IEP STUDENT?/
X191 COPY IEP STUDENT?/
X192 IMPORTANCE OF GOALS/
X193 MORE SERVICES NEEDED?/
X194 TYPE SERVICES NEEDED/
X195 STRENGTH CONSIDERED WELL?/
X196 ADD'L SERVICES NEEDED/
X197 ADD'L SERVICES NEEDED/
X198 ADD'L SERVICES NEEDED/
X199 NEEDS MET/
X200 SERVICES PROVIDED/
X201 AMOUNTS OF SERVICE/
X202 REACH IEP OBJECTIVES STUDENT/
X203 UNREALISTIC OBJECTIVES/
X204 NOT SUFFICIENT SERVICES/
X205 OTHER/
X206 TIME ON OBJECTIVES?/
X207 OFTEN DISCUSS IEP?/
X208 RELATIONSHIP TO STUDENT/
X209 ETHNICITY/
X210 PARENTS' LANGUAGE/
X211 STUDENT'S LANGUAGE/

VALUE LABELS

X212 FAMILIAR WITH IEP?/
 X213 COPY IEP PARENTS?/
 X214 OFTEN DISCUSS IEP PARENTS/
 X215 NEEDS IDENTIFIED?/
 X216 PT NEED:PROVIDED:ADEQUATE/
 X217 OT N:P:A/
 X218 PSYCH N:P:A/
 X219 COUNSELOR N:P:A/
 X220 RSP N:P:A/
 X221 SDC N:P:A/
 X222 SPEECH N:P:A/
 X223 NURSE N:P:A/
 X224 AIDE N:P:A/
 X225 REG EDUC N:P:A/
 X226 PGM SPEC N:P:A/
 X227 APE N:P:A/
 X228 SOCIAL WORKER N:P:A/
 X229 OTHER N:P:A/
 X230 # NEEDED,NOT PROVIDED/
 X231 # PROVIDED,NOT ADEQUATE/
 X232 STRENGTH CONSIDERED/
 X233 IMPORTANCE OF GOALS2/
 X234 NEEDED SERVICES PROVIDED/
 X235 APPROPRIATE AMOUNTS OF SERVICE/
 X236 RESPONSIVE IEP COMMITTEE?/
 X4 (1)COMMUNICATIVELY HANDICAPPED
 (2)LEARNING HANDICAPPED (3)PHYSICALLY HANDICAPPED
 (4)SEVERELY HANDICAPPED
 X5 (1)MULTIDISCIPLINARY ASSESSMENT
 (2)ANNUAL REVIEW (3)BOTH MA + ARA/
 X6 (1)ELEMENTARY (2)SECONDARY/
 X15 TO X24 (1)NO (2)YES,PARTIALLY
 (3)YES,COMPLETELY/
 X29,X31 TO X36 (0)NO (1)YES/
 X47 (1)VAGUE (5)SPECIFIC (0)NA/
 X50 (1)VAGUE (5)SPECIFIC (0)NA/
 X51,X53 TO X60,X63 TO X68 (0)NO (1)YES/
 X83,X84,X94 TO X97,X121 (1)0 TO 20%
 (2)21 TO 40% (3)41 TO 60% (4)61 TO 80%
 (5)81% +/
 X85 (1)VAGUE (5)SPECIFIC (0) NA/
 X86 (1)NO (2)YES,PARTIALLY (3)YES,COMPLETELY/
 X87 TO X90 (0)NO (1)YES/
 X93 (1)NO AREAS (5)ALL AREAS/
 X98 (1)NONE (5)ALL/
 X99 TO X107,X110 TO X116 (0)NO (1)YES/
 X118 TO X120 (0)NO (1)YES/
 X170 TO X186 (0)NO (1)YES/
 X190 (0)DON'T KNOW (1)NO (2)YES/
 X191 (0)DON'T KNOW (1)NO (2)YES/
 X192 (1)NOT VERY IMPORTANT (5)VERY IMPORTANT/
 X193 (0)NO (1)YES/
 X195 (1)NOT VERY WELL (5)VERY WELL (0)DON'T KNOW/

X199 (1)A LITTLE (5)A LOT (0)DON'T KNOW/
 X200,X201 (1)NOT VERY (5)VERY/
 X202 (0)NO (1)YES/
 X203 TO X205 (0)YES (1)NO/
 X206 (1)0 TO 20% (2)21 TO 40% (3)41 TO 60%
 (4)61 TO 80% (5)81% +/
 X207,X214 (1)NEVER (2)1 TO 3 TIMES YEAR
 (3)4 TO 6 TIMES YEAR (4)7 TO 9 TIMES YEAR
 (5)OVER 9 TIMES YEAR/
 X208 (1)FATHER (2)MOTHER (6)BOTH PARENTS/
 X209 (0)NO INFO (1)HISPANIC (2)ASIAN (3)WHITE
 (4)AMER INDIAN (5)BLACK (6)FILIPINO/
 X210,X211 (1)ENGLISH (2)OTHER/
 X212 (1)NOT FAMILIAR (5)VERY FAMILIAR/
 X213 (1)NO (2)YES (0)DON'T KNOW/
 X215 (1)NOT VERY WELL (5)VERY WELL/
 X216 TO X229 (1)NEEDED,PROVIDED,ADEQUATE
 (2)NEEDED,PROVIDED,NOT ADEQUATE
 (4)NEEDED,NOT PROVIDED,NOT ADEQUATE/
 X232 TO X235 (1)NOT VERY WELL
 (5)VERY WELL (0)DON'T KNOW/
 X236 (1)NOT VERY (5)VERY (0)DIDN'T PARTICIPATE/
 X4(A),X1(A)

SORT CASES
 READ INPUT DATA
 REPORT

FORMAT=LIST,TOTAL/
 STRING=A(")/
 VARS=X1 'STUDENT''CODE''NUMBER'(8)
 X5(LABEL)' TYPE OF IEP'(18)
 X6(LABEL)'GRADE LEVEL'(11)
 X8 'AGE' (5)
 X7(LABEL) 'SCHOOL''DISTRICT'(11)
 X209(LABEL) 'PARENTS''ETHNICITY'(12)/
 CHEAD='DEMOGRAPHIC CHARACTERISTICS OF THE SAMPLE'/
 BREAK=A(1)/
 SUMMARY=VALIDN,MEAN,STDEV,MEDIAN(0,99)(X5,X6,X7,X8,X209)/
 REPORT
 FORMAT=LIST,TOTAL/STRING=A(")/
 VARS=X1 'STUDENT''CODE''NUMBER'(8)
 X156 'NUMBER''MATCHES''ASSESS''MENT''BY'
 'OBJECT''IVES'(8)
 X163 'PERCENT''MATCHES''ASSSS''MENT''BY'
 'OBJECT''IVES'(8)
 X157 'NUMBER''MATCHES''ASSESS''MENT''BY'
 'IEP''SERVICES''LISTED'(8)
 X164 'PERCENT''MATCHES''ASSESS''MENT''BY'
 'IEP''SERVICES''LISTED'(8)
 X158 'NUMBER''MATCHES''ASSESS''MENT''BY'
 'PROGRAM''SERVICES''GIVEN'(8)
 X165 'PERCENT''MATCHES''ASSESS''MENT''BY'
 'PROGRAM''SERVICES''GIVEN'(8)
 X159 'NUMBER''MATCHES''OBJECT''IVES''BY''IEP'
 'SERVICES''LISTED'(8)
 X166 'PERCENT''MATCHES''OBJECT''IVES''BY''IEP'
 'SERVICES''LISTED'(8)/

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CHEAD='MATCHES AMONG ASSESSMENT,OBJECTIVES,
PROGRAMS'/
BREAK=A(1)/
SUMMARY=VALIDN,MEAN,STDEV,MEDIAN(0,100)(X156,X157,
X158,X159,X163,X164,X165,X166)/
REPORT
FORMAT=LIST,TOTAL/STRING=A("/)
VARS=X1 'STUDENT' 'CODE' 'NUMBER'(8)
X160 'NUMBER' 'MATCHES' 'OBJECT' 'IVES' 'BY'
'PROGRAM' 'SERVICES' 'GIVEN'(8)
X167 'PERCENT' 'MATCHES' 'OBJECT' 'IVES' 'BY'
'PROGRAM' 'SERVICES' 'GIVEN'(8)
X161 'NUMBER' 'MATCHES' 'IEP' 'SERVICES' 'LISTED'
'BY' 'PROGRAM' 'SERVICES' 'GIVEN'(10)
X168 'PERCENT' 'MATCHES' 'IEP' 'SERVICES' 'LISTED'
'BY' 'PROGRAM' 'SERVICES' 'GIVEN'(10)
X162 'TOTAL' 'NUMBER' 'ALL TYPES' 'MATCHES'(10)
X169 'TOTAL' 'PERCENT' 'ALL TYPES' 'MATCHES'(10)
X154 'TOTAL' 'NUMBER' 'MATCHES' 'BY' 'CURRIC' 'ULUM'
'AREAS'(10)
X155 'TOTAL' 'PERCENT' 'MATCHES' 'BY' 'CURRIC' 'ULUM'
'AREAS'(10)/
CHEAD='MATCHES AMONG ASSESSMENT,OBJECTIVES,
PROGRAMS'/
BREAK=A(1)/
SUMMARY=VALIDN,MEAN,STDEV,MEDIAN(0,100)(X154,X155,
X160,X161,X162,X167,X168,X169)/
REPORT
FORMAT=LIST,TOTAL/STRING=A("/)
VARS=X1 'STUDENT' 'CODE' 'NUMBER'(8)
X15(LABEL) 'PRESENT LEVELS' 'PERFORMANCE' 'STATED'(15)
X16(LABEL) 'LONG RANGE' 'GOALS' 'STATED'(15)
X17(LABEL) 'ANNUAL GOALS' 'STATED'(15)
X18(LABEL) 'SHORT TERM' 'OBJECTIVES' 'STATED'(15)
X19(LABEL) 'RELATED' 'SERVICES' 'STATED'(15)/
CHEAD='COMPLIANCE REVIEW'/
BREAK=A(1)/
SUMMARY=VALIDN,MEAN,STDEV,MEDIAN(0,100)/
REPORT
FORMAT=LIST,TOTAL/STRING=A("/)
VARS=X1 'STUDENT' 'CODE' 'NUMBER'(8)
X20(LABEL) 'PARTICIPATION' 'IN REGULAR' 'EDUCATION'
'STATED'(15)
X21(LABEL) 'DATES FOR' 'SERVICE' 'STATED'(15)
X22(LABEL) 'RATIONALE FOR' 'SETTINGS' 'STATED'(15)
X23(LABEL) 'DURATION OF' 'SERVICES' 'STATED'(15)
X24(LABEL) 'CRITERIA FOR' 'ACHIEVEMENT' 'STATED'(15)/
CHEAD='COMPLIANCE REVIEW'/
BREAK=A(1)/
SUMMARY=VALIDN,MEAN,STDEV,MEDIAN(0,100)/
REPORT
FORMAT=LIST,TOTAL/STRING=A("/)
VARIABLES=X1 'STUDENT' 'CODE' 'NUMBER'(7)
X25 'NUMBER' 'COMPLETE' 'STATE' 'MENTS'(9)
X26 'NUMBER' 'PARTIAL' 'STATE' 'MENTS'(9)
X27 'NUMBER' 'MISSING' 'STATE' 'MENTS'(9)
X31(LABEL) 'ADMINIS' 'TRATOR' 'PRESENT' 'AT IEP'

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      'WRITING'(9)
X32(LABEL) 'TEACHER' 'PRESENT' 'AT IEP' 'WRITING'(9)
X33(LABEL) 'PARENTS' 'PRESENT' 'AT IEP' 'WRITING'(9)
X34(LABEL) 'STUDENT' 'PRESENT' 'AT IEP' 'WRITING'(9)
X35(LABEL) 'TEAM REP' 'PRESENT' 'AT IEP' 'WRITING'(9)/
CHEAD='COMPLIANCE REVIEW'/
BREAK=A(1)/
SUMMARY=VALIDN,MEAN,STDEV,MEDIAN(0,100)/
REPORT  FORMAT=LIST,TOTAL/STRING=A(")/
      VARS=X1 'STUDENT' 'CODE' 'NUMBER'(7)
X45 'NUMBER' 'CURRIC' 'ULUM' 'AREAS'(8)
X46 'NUMBER' 'ASSESS' 'MENT' 'PROCED' 'URES'(8)
X48 'NUMBER' 'STRENGTHS' 'IDENTIFIED'(12)
X49 'NUMBER' 'WEAKNESSES' 'IDENTIFIED'(12)
X52 'NUMBER' 'SERVICES' 'TO BE' 'PROVIDED'(10)
X230 'NUMBER' 'SERVICES' 'NEEDED' 'BUT NOT'
      'PROVIDED'(10)
X231 'NUMBER' 'SERVICES' 'NOT' 'ADEQUATE'(10)/
CHEAD='QUALITY REVIEW'/
BREAK=A(1)/
SUMMARY=VALIDN,MEAN,STDEV,MEDIAN(0,100)/
FINISH

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